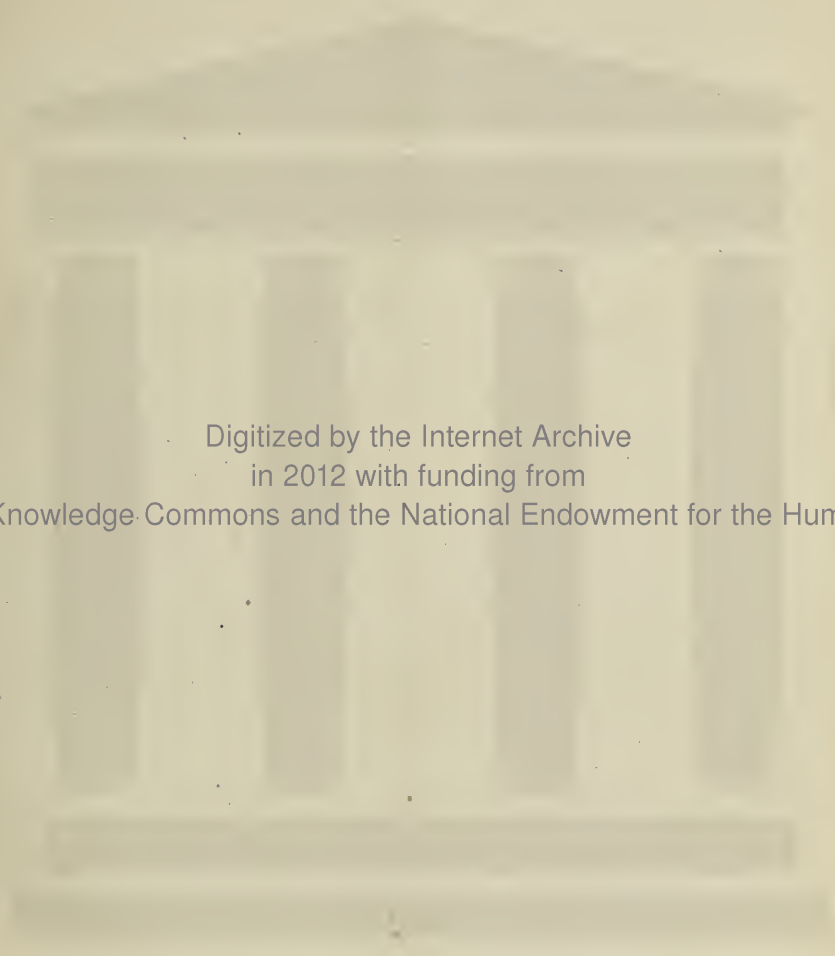


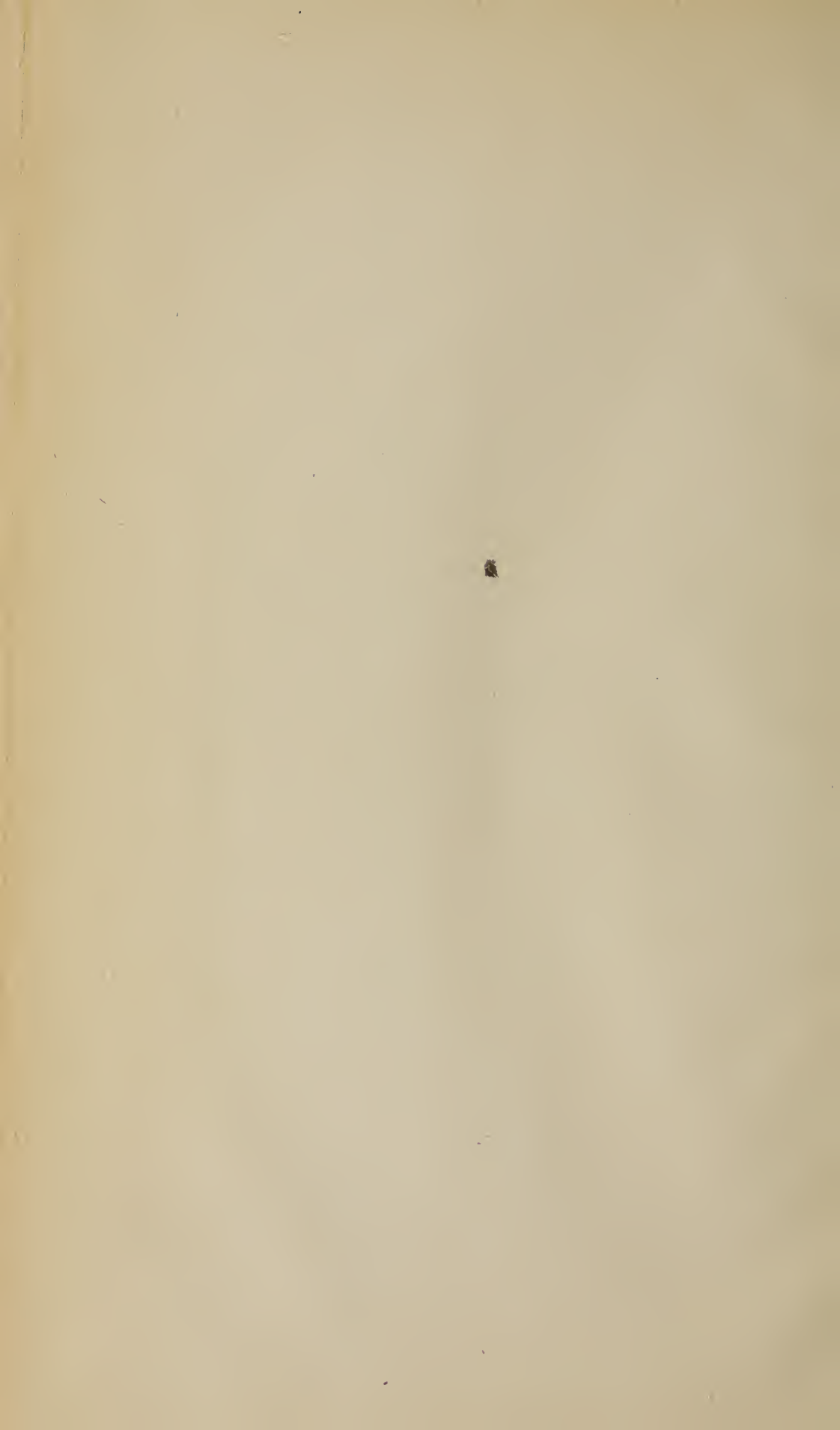
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THE SACRAMENTO MEDICAL TIMES

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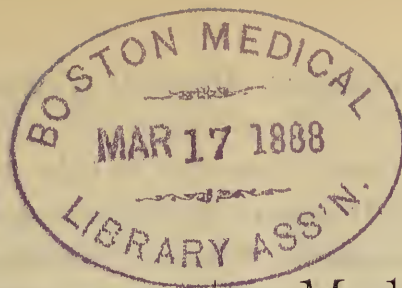
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The Sacramento Medical Times.

Vol. I.

MARCH, 1887.

No. I.

ORIGINAL ARTICLES.

SHORTENING, BY OPERATION, THE BONES OF THE LIMBS IN THE TREATMENT OF INJURIES COMPLICATED WITH EXTENSIVE DESTRUCTION OF THE SOFT PARTS.

By THOS. W. HUNTINGTON, B. A., M. D., Surgeon S. P. Co's Hospital,
Sacramento, Cal.

In two numbers of the *Journal of the American Medical Association*, viz : Aug. 14, 1886, and Jan. 22, 1887, reference is made to cases coming under the above heading. The earlier number contains an abstract from the *Gazette Medicale de Paris* (Feb. 27th, March 13th and 20th, 1886), of a report by Dr. Martel, of St. Malo. Dr. M's case was a compound fracture of the tibia and fibula, in which 75 millimetres of both bones were resected. The result was highly satisfactory, with seven to eight centimetres shortening. Dr. Martel mentions as the only other case analogous to his own, one reported in the *Centralblatt f. Chirurgie*, No. 50, 1884, by Karl Loebker, who resected both bones of the forearm, in order to facilitate suture of divided nerves and tendons.

In the January number of the *Association Journal* reference is made to both the foregoing cases by Dr. W. D. Hamilton, of Columbus, Ohio, who adds a third to the list, wherein he resected two inches of the tibia and fibula, on account of a compound fracture. The result was excellent, with about two inches shortening.

For the benefit of those interested in this most important branch of surgery, I will report in full a case treated at the Southern Pacific Company's Hospital, Sacramento, during the months of May *et seq.* 1884. Brief mention of it was made in a paper entitled "Notes on Antiseptic Surgery," (*Pacific Medical and Surgical Journal*, April, 1885), ten months prior to Dr. Martel's publication, and twenty-one months prior to that of Dr. Hamilton. At time of operation I regarded my case as unique. The following is an abstract from the Hospital record :

On May 1st, 1884, R—— F——, aged thirteen years, an apprentice in railroad boiler shop, was brought to Hospital, having sustained an injury to right forearm and wrist by being impaled upon a rapidly revolving drill. The external wound was as follows : from a point over dorsum of radius, $1\frac{1}{2}$ inches above wrist joint, the integument was torn quite smoothly in a spiral direction to a point over palmar surface of radius, about $2\frac{1}{2}$ inches above wrist articulation. The underlying soft parts were greatly lacerated ; no active hæmorrhage. The radius was fractured irregularly $1\frac{1}{2}$ inches from wrist articulation, and the ulna was separated at its epiphysis. The radius was also fractured longitudinally for nearly two inches, and the upper extremities of both bones were denuded of periosteum for about two inches.

Assisted by Dr. H. W. Nelson, of this city, I performed a non-symmetrical resection of both bones, as follows : $2\frac{3}{8}$ inches of radius from point of fracture toward middle, and the same length from the distal end of ulna, including the epiphysis. The divided ends of radius were approximated, but not wired, the end of ulna now occupying the place vacated by the resected portion of ulna. A careful antiseptic dressing was applied and the forearm and hand were laid on a posterior splint. The external wound healed perfectly in five days. The radial fragments were united firmly by August 2d. Owing to early separation of these fragments and subsequent filling up of the intervening space, but $1\frac{1}{4}$ inch

shortening was noted at this time. On September 29th he fell, striking affected forearm violently across the edge of a box, refracturing radius at point of resection. On the 11th of November, 1884, union was perfect. The radius was again refractured December 3d, 1884, which reunited in a short time. The last note made by me was as follows: "Dec. 27, '84. Fracture united. Parts in good line. Discharged."

The following observations, recorded by Dr. J. H. Parkinson, of Sacramento, eleven months after the original injury, are of interest as bearing upon the results attainable in such cases.

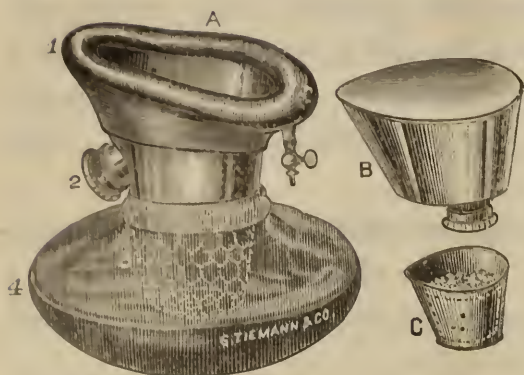
AFFECTED SIDE.	SOUND SIDE.
Circumference at wrist.....	5 $\frac{3}{8}$ in. 6 $\frac{1}{2}$ in.
At insertion pronator radii teres.....	7 $\frac{3}{8}$ in. 9 $\frac{1}{4}$ in.
Length from internal condyle to head of ulna..	8 $\frac{1}{2}$ in. 10 in.
Length from internal condyle to head of radius, 8 $\frac{1}{2}$ in.	10 in.

"Flexion = half normal. Extension : cannot raise hand. Pronation = half normal. Supination, half normal. Can grasp three fingers with faint force. Approximating power of thumb, very deficient. The hand is adducted, the distal portion of radius being at a slight angle as regards the proximal portion. Sensation of skin supplied by ulnar nerve seems deficient; median, impaired; radial, uninjured; radial artery, intact; ulnar artery, imperceptible."

In July, 1886, unfortunately, the radius was refractured a third time (not including the original injury). It was carefully treated as before, but for some unexplained cause failed to reunite. At present there is noted firm fibrous union, with marked increase of pre-existing angularity. The usefulness of the hand has continued to increase. At date the grasping power is excellent. The thumb can be readily approximated to each of the fingers. He is able to do the ordinary work of a mechanic—the parts being supported by a leather wristlet. Strange as it may seem, this improvement has not been interrupted by the last injury.

AN IMPROVED ETHER INHALER.

By JAMES H. PARKINSON, L. R. C. S. I.



A. Inhaler ready for use. B. Ether reservoir.
C. Ether measure, showing sponge inside.
1. Air cushion inflated. 2. Air cap. 3. Wire
net basket to contain sponge. 4. Rubber
bag collapsed.

In presenting this apparatus to the notice of the profession, I wish at the outset to disclaim any idea of misappropriation. The instrument is in principle identical with Ormsby's inhaler, the best points of which have been utilized. A practical experience of some nine

years with the original apparatus, has induced me to modify it, so that a compact, efficient, and inexpensive inhaler could be obtained by any practitioner. The improvements are the substitution of rigid, instead of flexible metal in the face piece; the omission of the ether supply tubes, and the modification of minor details throughout.

The apparatus consists of a metallic face piece, the base of which corresponds to the usual facial lines. To the upper part of this is fastened a wire net basket, around the mouth of which, and projecting into the face piece is a small gutter, which prevents ether or moisture from dropping on the patient. On one side of the face piece is an air cap, which exposes or covers a slot on rotation. A collapsible rubber bag, shaped somewhat like a cranial ice cap, is attached to the face piece, its elastic neck grasping the apex of the latter, where a groove has been made for its reception. A rubber air cushion fits over the base of the face piece, maintaining its position by a lip which forms part of the cushion.

To prepare the inhaler for use, when the temperature of the room is below 65°, place a small napkin or towel, wrung out of very hot water, in the face piece for a few minutes.

The sponge, which should have an absorption capacity of two ounces, is soaked, squeezed dry, and placed in the wire net cone, so that every part is above the gutter. The air cushion is then fitted and *partially* inflated. Pour one ounce, by measure, of Squibbs' ether on the sponge and place the inhaler on the face, with the air slot wide open. This should be closed after three or four inspirations. During the progress of an operation, fresh ether is added, as required, in quantities of four drachms. If used for half an hour it is advisable to remove the sponge and squeeze out the moisture which has formed by condensation.

The points of superiority claimed for this inhaler are, that it is compact, portable and inexpensive. It is simple in construction, and the rubber portions when worn out are easily duplicated. It is most economical in the use of ether, and the unpleasant odor of the drug by diffusion is absent. With it the production of anesthesia is a certainty. The rapidity of its action will equal any apparatus, and there is no method of ether administration which surpasses it in safety.

Amongst the objections raised are those common to all permanent apparati: that it is dirty, and that infective matter will adhere to it, or may lodge in the sponge. The simplicity of its construction admits of a ready and perfect cleansing; and no part will be injured by hot water, or antiseptic solutions which are familiar to most practitioners. Against the inhaler *per se* it is urged that the anesthesia partakes largely of carbonic di-oxide poisoning—that this is a source of danger, and an inseparable defect.

The re-breathing of the ether charged air with a small atmospheric mixture, is the main point on which the superiority of the inhaler rests. That it is not in any sense a defect or danger, practical experience of several years has proved; and in support of the position, I will quote three opinions.

Prigden Teale, writing in the *British Medical Journal*, says: "The patient breathes the same air over and over again, * * thereby economizing the heat of the air passages,

economizing ether, and enhancing the effect of the ether by partial asphyxia."

Mr. Woodhouse Braine, Lecturer on Anesthetics at Charing Cross Hospital, states that in using the inhaler he frequently removes the sponge, and maintains anesthesia by allowing the patient to breathe into and from the rubber bag. He says: "It may be urged against this method that the patient re-breathes the carbonic acid of his own expired air, and this is true: but from the length of time I have employed this plan, and from never having seen any deleterious results from it, I do not attach any importance to the objection."

Mr. Ormsby, in reply to an inquiry, has kindly written: "I believe that carbonic di-oxide in a diluted form assists the ether as an anesthetic, while the re-breathing of the vapor warms it, so that it is more readily tolerated by the patient."

In my own experience, which has been extended and considerable, I have found no disadvantage arising from the alleged asphyxiation. I would add a few hints as to the method of administration, omitting the usual preliminaries and precautions which should be observed during the progress of anesthesia. Always measure the ether used, for economy and in order to *know* how much is being consumed. A given quantity will yield a certain result. This precision which obtains in the majority of cases contributes largely to the saving in the drug. Having poured the ether on the sponge, invert the inhaler before placing it on the patient's face, to be certain that no fluid will escape and startle him.

As a preliminary I usually apply the inhaler with the air slot open, and direct the patient to keep the mouth closed and breathe slowly and quietly. This may seem a triviality, but I am satisfied from personal experiment and frequent experience, that when closely followed it completely abolishes the troublesome cough which usually accompanies the first inspirations. In slowly passing through the nasal cavities, the vapor is warmed, and fails to irritate the laryngeal mucous membrane. In the lungs the presence of the

reserve air at first assists to dilute the vapor, and as insensibility sets in the the respiration deepens. The inhaler should be pressed firmly in the face to diminish leakage. When anesthesia is complete the instrument should be removed and re-applied as occasion demands.

In consequence of a letter which appeared in the *Journal of the American Medical Association*, for October 16th, 1886, I have received many inquiries as to an inhaler which would give the results there stated. Ormsby's figures for the old apparatus were :

Average time required to produce insensibility, 2 minutes.

Average quantity of ether employed, 1 oz.

This is a fair statement when calculated from a large number of cases, and the improved inhaler will give as good results. With a view to making the apparatus complete, I have had a leather case constructed, which will contain the inhaler, with the air cushion and a tongue forceps. The interior of the basket is occupied by the cup measure, into which the sponge is pressed, while in the face piece and accurately fitting it is an ether reservoir, having a capacity of 10 oz. The merit of this combination is that the smallest case which will contain the inhaler *alone*, will also hold all the rest.

Mr. Richard Barwell, in a paper read before "The Royal Medical and Chirurgical Society," advocates a safe method of treating hydatids of the liver, where evacuation with a trocar had failed to cure. He advises that the cyst be widely incised and the opening kept patent for some time. He first incises the abdominal parietes, stitching them to the cyst or its surroundings, and then, after a few days, cuts into the tumor.—(*British Medical Journal* January 28th, 1887.)

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.

A NEW THEORY OF MENSTRUATION.—In the *Arch. f. Gynækol.* (1884) Dr. Loewenthal announces a new interpretation of the phenomena of menstruation, of which the following is a summary, as presented in *Schmidt's Jahrbuecher*, No. 9, 1885:

1. On rupture of a follicle the mature ovum escapes and passes on to the uterus.

2. The ovum imbeds itself, ordinarily, in a fold of the uterine mucosa, in the neighborhood of the uterine orifice of the Fallopian tube, and, as a direct consequence of its presence, excites a hyperplasia of the uterine mucous membrane.

3. If the ovum is now fecundated, the decidua of menstruation develops into that of pregnancy.

4. If not fecundated within a certain time it dies, and thus causes active congestion as well as the breaking-down of the menstrual decidua, followed by the menstrual flow.

5. The congestion thus developed reacts on its mediate cause, the ovary, and promotes the rupture of another follicle and the escape of its mature ovum.

The cycle is thus complete, and repeats itself more or less regularly from puberty to the climacteric.

The clinical applications of this theory are very important. Loewenthal says: According to my conception of the nexus of menstrual phenomena it is clear that the menstrual flow must be regarded with entirely different eyes than heretofore. For me it can be nothing else than an altogether unnecessary and, at times, pathological consequence of a process which of itself is no longer quite physiological—the death of an ovum unfructified in spite of its normal embedment.

The flow has all of the qualities and effects of other pathological hæmorrhages. The indication is, therefore, to limit the menstrual loss as much as possible. For this purpose rest in bed and vaginal irrigation with hot water (50° C.—

122° F.) are to be recommended. Loewenthal relates several cases in which this treatment was pursued with the most gratifying improvement in the general health. This treatment, however, he would apply only to those cases in which the health is impaired by the menstrual loss. The normal woman is not well because she menstruates, but notwithstanding she menstruates.

Other applications will occur to the thoughtful physician, as in incipient phthisis, in chlorosis and in debility from whatever cause.

ERYSIPELAS AND PUERPERAL FEVER.—That a certain mutual causal relation exists between erysipelas and puerperal fever is the opinion of English physicians. Virchow also has maintained their identity.

By a series of observations, Gusserow has reached the conclusion that no connection exists between puerperal sepsis and erysipelas. These observations were made in 1879, and, in the meantime, the discovery of the cocci of erysipelas has firmly established the specific nature of this disease. The cases were, in brief, as follows:

1. A woman nearing the close of pregnancy fell sick with a mild erysipelas, beginning in the right cheek. On the fifth day of the disease a mature child was born; in four days the temperature was normal. The disease was purely accidental and without influence on either labor or lying-in.

2. In the eighth month of pregnancy a severe erysipelas began in the left thigh and extended over the entire body. On the sixteenth day it led to labor, delivery, and, a few minutes later, to death. The autopsy revealed the following interesting points: the uterus lay high above the pelvis; the peritoneal cavity, as well as Douglas' cul de sac, the uterus and its annexes were perfectly normal.

3. On the fourth day of lying-in, erysipelas appeared in the face and ran its course without affecting the child-bed in any way.

4. On the eighth day of a previously normal lying-in, erysipelas of the right mamma developed from a fissure and terminated in death on the seventh day. The child took sick with facial erysipelas two days before the death of the mother and died on the third day of the disease. On post mortem the uterus was found undergoing normal involution; the ovaries, the ligamenta lata, and all the surroundings of the uterus and of the vagina were found healthy.

Erysipelas in the foregoing cases was undoubtedly a mere accident of pregnancy and child-bed. More doubtful, however, in Gusserow's opinion, was the fifth case, in which, on the tenth day, peri and parametritis developed with high fever. On the sixth day of the disease erysipelas made its appearance in a leech-bite, spread over the abdominal walls, and lasted ten days. The parametritis ended in abscess, which broke spontaneously into the rectum.

The next nine cases occurred during a considerable epidemic of so-called puerperal fever. The ratio of these cases to those of puerperal sepsis was very small, and on this ground the author regards as quite unwarranted the assumption that erysipelas gives rise to the puerperal infection. The author, therefore, asserts, with Fehleisen, that erysipelas does not give rise to puerperal fever. The proof of this opinion is furnished by the discovery of the peculiar micrococcus of erysipelas.—(*Arch. f. Gynækol.*—*Schmidt's Jahrbuecher*, No. I B. 209.)

WHEN SHOULD THE CORD BE TIED.—Recent investigations have established the fact that the placental circulation does not cease immediately after the birth of the child. On the contrary, it continues a while, and thus forms a transition period between the intra uterine and the extra-uterine life of the infant. At the beginning of this period Budin estimates that, on the average, 92 grams (about 3 ozs.) of blood still remain in the placental circulation, and this is wholly lost to the infant if the cord be tied at this time. A number of

other authors have tried to determine the quantity of blood lost under these circumstances.

But since these observations determine merely the quantity of blood circulating in the placenta, and not the quantity that really reaches the child in consequence of a later division of the cord, they are all in this respect defective. For, during this transition period, the blood is conveyed not only by the arteries to the placenta, but also by the veins to the child; the preponderance of the latter over the former is the net gain. This preponderance can be determined only by the difference between the weight of the child immediately after birth and its weight after the placental circulation has ceased. With every precaution, Dr. Engel has taken these weights in 60 cases, of which 24 were premature labors. With full-term children, the greatest increase in weight was 70 grams (about $2\frac{1}{2}$ ozs.): with premature children, 90 grams (about $2\frac{1}{2}$ ozs.). With the latter the pulsation of the cord ordinarily lasted longer than with the former.

That the child profits by late division of the cord, it is now positively determined. But what is the cause of this physiological transfusion, and of what import is it to the child?

According to some, the moving force of this transfusion is aspiration; according to others, it is the powerful contractions of the uterus in the third stage of labor. Neither of these factors, according to the author's searching investigations, is to be considered the cause of the transfer of blood, whose possibility and extent are rather dependent on the inverse ratio of two opposing forces—the activity of the heart, and the contractility of the vessels. The heart contractions force the blood through the arteries to the placenta, but still permit its return by the veins, and thus promote for a time the circulation through the cord. On the other hand, by the external cold the vessels of the cord and of the placenta (?) are excited to a contraction that hinders and finally cuts off this circulation. Since their walls are less contractile the

veins remain pervious longer than do the arteries, and thus permit the return of the placental blood to the child.

By late tying of the cord the child profits to the extent of a third or a fourth of its entire blood supply, and manifests the physiological significance of this gain in vital fluid by its ruddier appearance, by its quieter behavior, by its later nursing, by its slighter somnolence, by its markedly diminished tendency to icterus, by its seemingly slighter loss of weight during the first few days of independent existence, and, lastly, by its greater viability.

The author, however, cannot concede to this blood-gain the great influence attributed to it by Budin in the resuscitation of the new-born.—(*Centr.-Bl. f. Gynækol.—Schmidt's Jahrbuecher*, B. 209, No. 2.)

THE DEPENDENCE OF GASTRIC NEUROSES ON UTERINE DISEASE.—The first case is that of a strong woman of 25 years, the mother of one child. She fell sick with great emotional disturbance, accompanied by gastric irritation, which soon increased to such a degree that all foods were rejected. Finding no disease of the stomach, after repeated examinations, the author assumed the existence of a neurosis of this organ. The patient emaciated greatly, even while undergoing a "cure" at Carlsbad, when food was retained for a considerable period. Soon after this cure, however, the old troubles returned, and their dependence on disease of the generative organs was suspected. On careful examination the only morbid condition discovered was extreme mobility of the uterus. Immediately after the introduction of a Hodge-Braun pessary improvement set in, the vomiting ceased, and within four months the greatly enfeebled patient was restored to her usual health.

The second case is that of a woman of 30 years, who, soon after getting up from a normal labor, began to experience unpleasant sensations in the region of the stomach. On being about for some time vomiting set in, and gradually in-

creased in frequency. At first, the vomiting ceased when the patient lay quietly on her back, but later this was without effect. When the patient had become extremely thin, Dr. Braun discovered an ectropion of the cervix uteri. Touching of the everted mucous membrane excited efforts at vomiting. The vomiting ceased after the performance of hysterotrachelorrhaphy, and in a few months the patient recovered her former blooming health. In Dr. Braun's opinion the vomiting was caused by friction and traction of the ectropic surface, produced by walking and sitting. When a normal portio-vaginalis was restored by operation, the uterus was no longer a source of reflex irritation.

The third case is that of a woman of 28 years, who suffered fearful gastric pain, and finally vomiting, which were relieved only by rest in bed. On account of descensus uteri several pessaries had already been introduced, but either they had been ineffectual or they had not been tolerated. The author then discovered that the right kidney was remarkably movable, and that the low-lying uterus was abnormally large—5.6 inches in depth. After several weeks of quiet recumbence the uterus had diminished two-fifths of an inch in depth, but still, even after the application of a bandage to restrain the movements of the kidney, on getting up the former troubles returned. Amputation of the portio-vaginalis was now done. The operation passed off smoothly, and, during the after-treatment, vomiting did not occur. The depth of the uterus was reduced to 3.2 inches, and both the bearing-down and the vomiting were permanently relieved.—(*Wien. Med. Wchnsch.*—*Schmidt's Jahrbuecher*, B. 212, No. 12.)

The *Medical Record* (January 1, 1887), states that three cases of beri-beri were admitted to Bellevue Hospital from a ship clearing from San Francisco. Two of these proved fatal. Nearly all of the crew had been attacked on the voyage, and several died.

SURGERY AND PATHOLOGY.

By THOS. W. HUNTINGTON, B. A., M. D., Surgeon S. P. Co.'s Hospital,
Sacramento, Cal.

Provided the treatment of aneurism of the abdominal aorta by depositing within the sac a coil of wire is an assured success, the field of abdominal surgery will be greatly enlarged, and the very considerable number of sufferers from this cause will hail the announcement with delight.

The case reported by Dr. Morse, of San Francisco, in the February number of the *Pacific Medical and Surgical Journal*, is an achievement worthy of more than passing notice. The future of the case in point will be watched by the profession with marked interest, and if it be not attended by a relapse, the time is not far distant when the first successful case treated by Loreta's method will be recruited by many of its kind.

In the "Proceedings of the Leeds and West Riding Medico-Chirurgical Society," as reported in the *British Medical Journal* of Jan. 1, 1887, reference is made to three successful suprapubic lithotomies by Mr. McGill.

This plan of removing vesical calculus is justly attracting very considerable and favorable comment. The elevation of the fundus of the distended bladder through the agency of a water-bag in the rectum, simplifies the operation in two ways:

First.—The bladder being forced against the anterior abdominal wall, and there supported until the margins of the incisions can be grasped and securely held by assistants, the escape of urine into the abdominal cavity is practically obviated.

Second.—Pressure from below increasing the triangular suprapubic space, the danger of wounding the peritoneum is thereby measurably lessened.

The main points of superiority of this operation over the lateral, as maintained by Sir Henry Thompson (*British Medical Journal*, Oct. 2, 1886), are as follows:

“1. Because in the suprapubic operation there are no important structures lying in the line of the incision, or sufficiently near to be rendered liable to injury by the knife or forceps.

“2. Because the space for removing a large stone above the pubis is practically unlimited.

“3. Because there is little or no danger to be apprehended from hæmorrhage, and if it does occur, it may be readily dealt with.

“4. Because the incisions are certainly more easy to perform than those of lateral lithotomy, while the removal of a large stone is safely and easily effected.

“5. Because during the after-treatment the urine leaves the suprapubic wound more directly and more safely than it does by the long and lacerated opening from the bladder to the perineal surface after the lateral operation.

“6. Because antiseptic dressings can be employed in the former operation, and cannot be made available in the latter.”

Mr. Skene Keith, at a meeting of “The Medico-Chirurgical Society of Edinburgh,” described twenty-four successful operations for removal of the appendages. In the majority of these, the ultimate result had been good. The number of cases suitable for operation had decreased; at least he and his father, Dr. Thomas Keith, had met with fewer cases. He believed that the main factors, in inducing a diseased state, were laceration of the cervix and certain methods of treatment which were much in vogue in some quarters. He thought that the routine passage of the sound was an important causal element, and he deprecated certain forms of intra-uterine medication. The connection of syphilis and gonorrhœa with the morbid state of the appendages seemed more doubtful. In only one of the cases which he or his father had seen was there any suspicion of gonorrhœa.—(*British Medical Journal*, January 29th, 1887.)

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY. BRIGGS, M. D.

Dr. C. Higgins makes the following remarks "On the Relation of Headache to the Condition of the Eyes," in the *British Medical Journal* of January 15th:

Headache, arising from ocular causes, is very frequently met with. Ophthalmic surgeons have again and again called attention to the subject; but as yet the bulk of the profession do not appear to recognize the necessity for a thorough examination of the eyes in all cases of obstinate head-pain.

As a rule, when a case of ocular headache comes before the ophthalmic surgeon, the patient has undergone a protracted course of medical treatment, having been looked upon as nervous, plethoric, bilious, or anæmic. Indeed, in some cases, after having "suffered many things of my physician," a patient has been pronounced the subject of incurable brain-disease, when all that was necessary to effect a cure was a properly selected pair of spectacles.

The symptoms of ocular headache are fairly well marked; they nearly always begin in early life, though a reference to any ophthalmic surgeon's case-book will show that, in many instances, the cause has never been discovered till late in life. "I have had headache as long as I can remember," or "I have had headache off and on ever since I first went to school," is what we are frequently told. The most marked symptom is, that the headache is either brought on, or made worse, by reading or working. The ocular conditions causing headache are anomalies of refraction (hypermetropia and myopia), astigmatism, and insufficiency of the internal recti muscles. All these conditions are easily remedied by optical means, but are quite beyond the reach of medical treatment. I have looked over two of my case-books, containing rough notes of 1072 cases, and find that thirty-one, or nearly three per cent., suffered from obstinate headache, which appeared to be due to the condition of the eyes.

I have said that treatment by optical means is all that is necessary in these cases. This is not quite all, however. In the cases of children and young adults, more especially young ladies, we should inquire into the methods of education. Many of our patients, I have no doubt, suffer severely from the strain of many hours' work, which, with or without glasses, is more than their eyes or brains can bear. Here is the daily programme of a "young ladies' finishing school," given me by a late pupil: Rise at 6 A. M.; work from 7 to 8:30; breakfast; work from 9:30 to 12 or 12:30 on alternate days; go out for a walk from 12 or 12:30 till 1; dinner; work from 2 to 5; tea; work from 6 to 8:30 or 9; go to bed at 9 or soon after; Sundays, a half holiday. With the exception, therefore, of Sunday, the daily routine was not less than nine hours of work, and not more than one of exercise. Such a system requires no comment from me, and will, I think, be condemned by all reasonable beings.

Mr. Critchet said that he ventured humbly to suggest that the general physician should seek the aid of the ophthalmic surgeon at an early period in cases of persistent headache. He called attention to the importance of seeking whether there were insufficiency in these cases. Prof. Liebrich had been our pioneer in this direction, and he has been well seconded by Dr. Landolt, of Paris. The former relied chiefly on the use of prisms, and the latter had recourse to operation.

Dr. C. H. May (*Medical Record*) gives the results of his experiments in transplanting rabbits' eyes. The medical world was most incredulous when the first case of transplantation was reported. Experience, however, has proved it possible for an eye to live after removal from its own orbit into another; but, with our present knowledge, it is of doubtful expediency—only in a very small percentage of cases is the result good enough to dispense with the necessity of an artificial eye. We still hope that improvement in

the method of operating may give us a substitute for glass eyes.

The first transplantation was made by Dr. Chibret, May 4th, 1885. The result of this operation was unsuccessful, the cornea having sloughed, and leaving a deformed stump. M. Terrier performed the second operation, which also resulted in destruction of the cornea on the third day. M. Rohmer did the third transplantation, which terminated as his predecessors' cases had done.

Dr. Bradford reported in the *Boston Medical and Surgical Journal*, of September 17th, 1885, the first successful case. The eye in his patient remained with good tension, cornea partially clear, conjunctiva congested, with ocular movements good up to the eighteenth day, when his report ends.

To further test the feasibility of the operation, Dr. May performed a series of twenty-four operations upon rabbits, with a very moderate degree of success. He united the optic nerves with catgut sutures, and muscles, conjunctiva and subconjunctival tissues with iron-dyed silk. Antiseptic precautions were thoroughly carried out, and the lids united with sutures which were covered with compresses of borated cotton and pressure bandage, and the whole covered by a mask. In the first seven cases, which were left unbandaged, degeneration of the cornea invariably took place. The next seven cases were bandaged, but the incessant attempts of the animal to remove the insecurely applied bandage left the eye in an unhealthy condition, so that the cornea degenerated soon after its removal. In four other cases, the dressings were removed too early, and the eye rapidly degenerated. The remaining six of the twenty-four cases were protected with the mask, and the result was satisfactory. The effect of air upon a cornea of low resisting power is thus shown to be very injurious. Dr. May thinks the injurious effects of the air are due to the foreign particles irritating the exposed cornea, or, what is more likely, to evaporation of moisture and lessened lymph supply.

“Under the microscope the cornea was found infiltrated with small, round and polygonal, and large fusiform cells, chiefly between the corneal fibers, and the latter were more opaque than normal; the epithelium of the surface was wanting in some places, and at others was markedly increased, causing a heaping up of cells.”

In all cases, the sutured ends of the optic nerves became united by connective tissue, but no nerve elements passed from the nerve to the eye. The retina remained invariably degenerated.

An interesting address was given by Jonathan Hutchinson on Choroiditis Disseminata at the last meeting of the British Medical Association, in which he discussed the relation of the disease to syphilis.

Many interesting cases were related, and, as a result of his investigations, he arrived at the following propositions:

1. That concussion of the eyeball might produce conditions closely resembling those of other forms of choroiditis, but always limited to the eye injured.

2. That choroiditis disseminata, affecting both eyes, was occasionally met with as a family disease, independently of syphilis, and in association with disorders of the nervous system, especially of the intellect.

3. That there were cases of choroiditis which occurred in fairly healthy persons, which showed a remarkable tendency to recurrence, which were accompanied by iritis, and ought possibly to be grouped with relapsing iritis.

4. That young men were liable to a peculiar form of hæmorrhagic choroiditis, which was not dependent upon syphilis, but which produced results not to be distinguished from the syphilitic form.

5. That there were other forms of disseminated choroiditis which could not be assigned to any of the above groups, but which closely resembled, in their results, what we observed in syphilis, but in which there was still no reason to suspect that disease.

Mr. Hutchinson also said that, whilst it was to be freely admitted that in nine cases out of ten, the discovery of the results of choroiditis disseminata amounted to the discovery of antecedent syphilis, the symptom was yet one which must be received with caution, and could be trusted only when it was supported by other facts.

Mr. Critchett said that he would have been more inclined to attribute nineteen cases in twenty than nine in ten to acquired or inherited syphilis. He deemed it most important that anti-syphilitic treatment should extend over some years.

In an address on "The Future of Pathology," delivered before the Pathological Society of London (*Brit. Med. Jour.*, Jan. 22, 1887), Sir James Paget makes the following thoughtful observations:

We are sure that there are certain conditions which are justly called predispositions to disease; but in what many of these consist we are quite ignorant. There are diseases or disorders which we must be content to call functional, though I suppose none of us would hold that there can be any change in the working of a part without a change in its structure or composition. We know that certain disorders, such as typhoid and scarlet fever, are apt to be followed by certain other disorders which we call their sequels; but we have not yet shown the changes, of which the sequence is a necessary consequence. We know that different morbid conditions may be combined, as in diseases which we call hybrid or mongrel; we can recognize many of these combinations during life; they are things to be "attended to," as we say in treating cases; but of the allied varieties of morbid changes of structure or composition, and of the lessons they would teach, we know, I think, at present very little. * * *

The protoplasm in every structure, or of every embryo, must be as essentially different from that of every other as is the structure or the creature which in due time it may become.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By G. CROCKER SIMMONS, M. D.

The use of gelatine in bougie form as a carrier of local medicines, and, at the same time, as a dilator of the urethral canal, has seemed theoretically correct. Practically, so far, their application has been limited, and justly so. Several instances can be recalled where the undissolved bougie, so confidently recommended as entirely soluble, has been with great straining forced from the canal, the next day. The patients, in the meantime, suffering excruciatingly from retention.

It certainly appears as if the combination of metallic salts, with gelatine as a base, interferes with the solubility, and, until that property is perfectly assured, great caution should be observed in their use.

The *Revue des Hopitaux*, in a late issue, mentions a new treatment of gonorrhœa. It consists in the injection of a one per cent. solution of natri. bicarb. repeated frequently. The object is to render the discharge neutral or alkaline. Test papers are used, and, as they show the secretion to be neutral, the injections are repeated at longer intervals. Up to the time of the report, but twelve cases, in which this plan had been followed, had been under observation. These had all done well.

Dr. Stuver, of Wyoming Territory, mentions in the *Therapeutic Gazette*, December 15, 1886, the benefit derived from the use of stigmata maidis in the acute stage of gonorrhœa. He asserts its positive value in allaying the pain and irritation of the first stage. A drachm of the fluid extract in water, combined with ten grains potass. acetat, every two hours, is his method of giving the drug.

In the second edition of Zeissl's "Outlines on the Pathology and Treatment of Syphilis and Allied Venereal Diseases," the author, while believing mercury of value in causing disappearance of symptoms, deprecates its use in the

early stages as pernicious, by rendering the patient more liable to relapses and to the more serious dangers of cerebral and visceral complications. The healing of the initial lesion, in his opinion, is best advanced by cleanliness, the application of iodoform, and the emplastrum hydrarg.—mild caustics being used in exceptional cases. Abortive treatment by excision or caustics is considered by him of no value.

His main reliance appears to be on iodine, which he declares, "in proper quantities, and in conjunction with a carefully regulated regimen, is sufficient to cause the symptoms of syphilis to disappear, or at least to be weakened, so that only a few mercurial inunctions will be necessary to complete the cure, without fear of relapse occurring in years to come."

The author's extended experience entitle his views to a large share of consideration, though they are somewhat at variance to those of the majority of the profession.

Dr. Edw. Welandar, in the *Nordiskt Mediciniskt Archiv*. (vol. xviii), gives a series of experiments on the absorption and elimination of mercury in the human organism. The results may be summarized as follows:

The exhibition of the drug *per anum* caused its appearance the following day in the urine; through the mouth, not for a day, or even two days; through the skin, it appeared on the following day. It is rapidly absorbed by wounds, ulcers, and when injected under the skin.

The urine is the great excretor—the feces also contain mercury, and frequently in considerable quantities. The salivary glands excrete but small quantities.

Welandar limits the impregnation of the system with mercury, after a course of treatment, to months rather than years, and disbelieves the statement of Paschkis and Vajda that it may remain for twelve years in the body after all treatment has been discontinued.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement*Regular Meeting, Tuesday, Jan. 18, 1887.*

The President, W. H. BALDWIN, M. D., in the Chair.

Sanitation in Sacramento, by H. S. NICHOLS, M. D.—The doctor, while fully realizing the importance of the subject, and sanitation in general, as receiving the attention of medical men all over the world, contented himself with giving the topography of the city, the circumstances which caused its location on its present site, rather than one apparently more eligible a few miles below. A history of its early and present system and condition of sewerage was given, with the source of water supply in abundance, which could be used for flushing.

The city was traversed from north to south by five main sewers, into which emptied twelve cross sewers, running east and west. The whole system united at Sixth and M into one main channel, terminating at Sixth and Y streets, at which point there were pumping works to convey the collected sewerage over the levee into the river, when there was not sufficient flow to take it to the drainage canal.

In addition to the foregoing there were many of the old plank sewers; these were of little use, but, on the contrary, a source of evil. Attempts had been made, from time to time, by the Board of Health and City Trustees to have them replaced by modern sewer pipes, but property holders, who seemed to feel that a trifling expense was more to be dreaded than the danger of epidemic disease, had so far prevented the change. The arrangement for the disposal of sewerage matter at Sixth and Y streets was not satisfactory. Pumping the city's filth into the river was a measure of doubtful propriety, as it inflicted upon those residing further down the stream the same evils that we complained of from those above us. In many cities in the East and in Europe, systems of sewerage were employed which enabled the refuse to be used for fertilizing purposes. The same method could be adopted in Sacramento with manifest benefit.

In spite of many natural disadvantages, the following statistics showed that Sacramento compared most favorably with other cities in the United States and elsewhere:

	Death rate per 1000 in 1885.	Population.
Boston	19.00	280,000
Charleston	28.88	60,000
Kansas City	11.40	105,000
New Orleans	28.52	234,000
New York	25.53	1,397,395
Oakland	12.79	43,000
St. Louis	18.72	400,000
St. Paul	12.00	111,000
San Francisco	19.00	280,000*
Washington	24.07	200,000
Dublin	27.6	353,080
Edinburgh	18.4	146,700
London	19.05	4,083,928
Paris	23.06	2,240,000
Vienna	27.09	769,890
Sacramento	13.54	30,000
Sacramento	15.19	30,000*

(Returns from 32 cities have been omitted.)

This table showed that Sacramento had, with three exceptions the lowest death rate of any important city in the United States, while it compared most favorably with the large cities of Europe. With this result, in the face of many natural disadvantages, it was evident that a minimum death rate could be attained when the resources of modern sanitary engineering were rendered available.

The discussion on the paper was postponed.

Sacramento Society for Medical Improvement

Regular Meeting, Tuesday, Feb. 15, 1887.

The President, W. H. BALDWIN, M. D., in the Chair.

The discussion on Dr. Nichols' paper on "Sanitation in Sacramento," which had been postponed at the last meeting, was taken up.

In opening the discussion, Dr. SIMMONS said that the paper had interested him as a physician and as a citizen. He believed that the present method of emptying the sewerage into the river was indefensible as regards the residents further

* Death rate for 1886.

down the stream. It was also a waste of valuable fertilizing material, for use with which our soil was peculiarly adapted. Experiments elsewhere had proved that it was gold, not filth, which here runs to waste. The absence of mains in the eastern portion of the city, which had been mentioned by the author, was a matter which required immediate attention.

DR. BRIGGS fully concurred with the last speaker in regard to the pollution of the river, and the waste of sewerage. We who used the river water should be interested in its purity. We certainly ought to set a better example.

DR. TYRRELL remarked that the papers in San Francisco attributed the present epidemic of diphtheria to choked sewers. In this city the majority of cases had occurred in the eastern portion, where there were no sewers. Sewer gas was not the *cause* of diphtheria, though it was an important factor in its production. We had no right to pollute the river by emptying sewerage therein, and a law was needed to prevent this reprehensible practice.

DR. WHITE said that the "Shone System," which was in operation at the County Hospital, worked well; but he had not had sufficient experience with it to give an opinion on its merits.

DR. LAINE would not defend the system of sewerage disposal in operation at present; but, at the same time, he believed it was necessary, as a matter of expediency for self-protection. The method advocated by sewerage farms was impracticable on account of the expense attached to it. He doubted if we really inflicted great injury on those who lived further down the stream. We drank the water which had been polluted by a quarter of a million of people. If this water had not been purified in transit, we were drinking very filthy matter; whereas good authorities had declared that it was excellent water.

DR. OATMAN thought that this question had both a present and a prospective importance. The first step should be the provision of a complete system of sewerage, and next the disposal of the refuse matter. The doctor cited several cases where the absence of sewerage had been the cause of zymotic disease.

DR. VOELLER, on the causes of diphtheria, remarked that Professor Siegmund, of Vienna, during a cholera epidemic in that city, had called attention to the fact that none of the men working in the sewers had been affected.

DR. PATTERSON, of Cedarville, said that the people of Sacramento ought to be consistent. They would inhibit an industry which involved millions of dollars each year, because it injured the river; whilst here they were engaged in the same nefarious practices.

DR. NICHOLS, in replying, said that while he objected to dumping the sewerage in the river, he admitted that at certain seasons it was a necessity. He thought that a better method might be provided.

DR. SIMMONS wished to add that an expenditure in the amount which had been mentioned was not needed. The pumping apparatus was already in position, and only the necessary piping was required. Several years ago an offer had been made to take and dispose of all the city sewerage, if delivered without expense.

The Treatment of the Perinæum in the Parturient State, by J. H. PARKINSON, L. R. C. S.—The paper had been written rather to furnish matter for discussion, than to add a recapitulation to the already extensive literature on the subject. The question was one of great interest to the general practitioner, and the proper management of the perinæum during labor, with the treatment of injuries to this structure, was most important.

The causes of laceration may be divided into (a) Maternal; (b) Foetal; (c) External.

In the passage of the child, laceration was more frequently caused by the shoulder or elbow than by the head. This was explained by the existence of a tear in the vaginal mucous membrane, whilst the external structures remained intact. Apart from the unskilful use of instruments, there could be no doubt that the forceps favored the integrity of the perinæum in most cases, by moulding the head, maintaining its position, and advancing it between pains. The preventive measures were principally mechanical, and aimed at rectifying malposition, retarding precipitate descent, or expediting delivery. Support of the perinæum could not be advocated as a preventive measure. Leishman, a warm opponent of this practice having quoted from several authorities, said: "A careful study of these opinions amongst others, along with a thorough observation of the process in nature, led me long ago to condemn support of the perinæum as

irrational and useless in all cases and undoubtedly hurtful in some."

Prolongation of the sacral curve by the hand of the obstetrician, which carried the head upwards and forwards, was taught at the Rotunda Hospital, Dublin, as a substitute for support. Lusk advocates advancing the head between pains, by "alternately drawing the chin downwards through the rectum until the head distends the perinæum, and then allowing it to recede." Rectal expression, after the method of Ahlfeld and Olshausen, was a valuable resort. The results of lacerations which remained untreated depended on their degree. If extensive, impairing the functions of the anal sphincter, or destroying the integrity of the recto-vaginal septum, the consequences were disastrous. Slight tears which involved the posterior fourchette did not require interference. When the perineal body was involved operative procedure was imperative, as the antagonism of the transversus perenæi muscles, precluded union except by granulation. Lusk, very pointedly said: "Only a very credulous person really believes that he has witnessed union by first intention in extensive ruptures, as the result of tying the knees together and enjoining rest upon the side." With regard to the period of operation the weight of authority rested with immediate measures. The procedure was one which a practitioner of ordinary skill was competent to undertake. No special suture was required, the needle should pass deeply through the tissues; when the strain on the suture was considerable, silver wire was preferable; for superficial stitches and those approximating mucous membrane, catgut. Where there was extensive laceration of the vagina special instruments were required. It should be borne in mind that while affording the greatest possible assurance of success, immediate interference, if negative in its results, did not preclude the secondary operation.

Conclusions:

1. That direct support of the perinæum is injudicious and inadvisable, as tending to produce the injury which it seeks to avoid.

2. That pressure applied to the head directly, with a view of altering the axis, or retarding its descent, is proper under suitable conditions.

3. That interference with the perinæum by artificial dila-

tation, retraction, or similar manipulative procedure should be avoided, save under exceptional circumstances.

4. That every case where the perineal body has been involved, demands surgical attention.

5. That the proper time for operation is as soon as possible after the completion of the third stage.

DR. BRIGGS, in opening the discussion, said that in addition to the maternal causes of laceration noticed by the author, he would mention the fatty perinæum and œdema of the perineal tissues due to protracted or difficult labor. Both œdema and excessive deposits of fat diminish the elasticity of the perinæum, and increase its friability.

The chief instrumental causes are undue rapidity of delivery and improper axis of traction; by the former, delivery is effected before the perinæum has had time to dilate; and by the latter the insufficiently extended head is made to impinge too forcibly on the perinæum.

The position of the lying-in woman deserves consideration. The weight of the child and its direct impact should be removed as far as possible from the floor of the pelvis. Theoretically, a squatting position on the knees is best, but that on the left side fulfils the indications fairly well, and can be more readily adopted.

Next, we should seek to bring the smallest diameter of the presenting part into the lumen of the vulva. The efforts of nature in this direction are often frustrated by "support of the perinæum," and by too early attempts to crowd the head "well up against the symphysis." By these efforts the head is prematurely extended, and is made to emerge by its largest instead of by its smallest diameter. We should see that the occiput advances with the face until the suboccipital region is reached, when extension of the head and its delivery may be completed by crowding the head up, as recommended in the text-books.

Time is an important factor in the prevention of laceration. The patience and self-possession of the accoucheur are often taxed to their utmost. The obstetrician who drags the head through the undilated cervix is justly reprehended. Why is he less to be censured when he drags or forces the head, or even *permits it to pass* through the *undilated perinæum*? Oftentimes it will be necessary to retard the progress of the head and to force it back in the interval between the pains.

When rupture seems otherwise inevitable, lateral incisions may be practised.

The passage of the shoulders often causes laceration; unless imperative, haste should be avoided here, as in the delivery of the head. Rotation of the body should be promoted; the presenting shoulder being delivered first, and then the corresponding arm.

It is a serious error to draw the perinæum forward. In this way antero-posterior tension and thinning, instead of lateral tension and lateral thinning, are produced; the perineal tissues are wasted when they should be economized to their utmost; besides this, the expulsive forces are made to impinge more directly on the perinæum.

"Support of the perinæum" in obstetrics, like "protection" in political economy, is a very delusive term. Pressure on the thin and tense perinæum is objectionable—it promotes rupture instead of preventing it—and should be used only when the oncoming head can be delayed in no other way.

The methods of Olshausen and Fasbender, unless practised very discreetly, are likely to bring the chin forward, and deliver the head in one of its largest diameters. When combined with traction on the occiput, it may subserve a useful purpose.

In case of rupture, immediate repair under strict antiseptic precautions is ordinarily imperative. But if antisepsis is impracticable, operation should be deferred, as an open wound is far safer than a closed and infected pocket.

DR. HUNTINGTON said that the question of perineal laceration was one that did not directly concern him; he would, however, like to say a word in connection with operative procedure. Thomas had called attention to the fact that the first stitch was the important one; it should be buried throughout its entire extent. The "split shot" suture was an excellent one for this purpose.

The employment of antiseptics was a question which required consideration. In addition to its germicidal powers, the bichloride favored the formation, on the fresh wound surface, of that "sero-sublimate" which Lister had shown to be so important an aid to healing. For this reason it should receive the preference. Iodoform was useful, as it adhered closely to the parts. Frequent irrigation with mercurial solutions, was also desirable, as no permanent dressing was

possible. The speaker strongly favored the employment of the "gauze napkin" which was a safeguard, and very comfortable to the patient.

DR. OATMAN would discuss two points in connection with perineal laceration, namely: support, and securing the emergence of the smallest diameter.

It was formerly taught that support should be universal; but if this was followed, the pressure would be applied where the perinæum was attenuated to the utmost its integrity would endure, and it is a question whether pressure under such circumstances would strengthen or weaken its endurance. In all cases where laceration would naturally occur the foetal head was an imperfect cone, the face being the base and the apex presenting. To accommodate its smallest diameters to the vulvar outlet was, in his judgment, the most important preventive of laceration. This was often done involuntarily by pressure upon the distended perinæum. The method successfully practised by the doctor for several years, had been recommended and condemned by able obstetricians. In all cases of vertex presentation, where the vertex (cone) emerges from the *os uteri* and the perinæum is being distended, gentle pressure upon its posterior aspect, and, if necessary, through the rectum on the foetal forehead, with a decidedly forward tendency. As the head emerges from under the arch of the pubis it is easily made to pass in front of the symphysis, the arch, so to speak, drops upon the back of the foetal neck, which compels the vulvar outlet to retract over the head around its smallest possible diameters, from the vertex successively to the face. It was necessary to guard adjacent soft parts against undue pressure, but the foregoing method would not impair their integrity.

DR. NICHOLS believed that, *as a rule*, there should be no laceration of the perinæum. He considered this accident to be a very grave one. Patience and due observance of the relative position of parts and their conditions were essential for the obstetrician. He believed that support, when properly used, was desirable. During labor, preferred the position on the left side. Laceration by the shoulder could be avoided if pressure was made directly on the point of the acromion so as to carry it over the fourchette. He believed that if early operation was employed no permanent damage would ensue.

DR. LAINE believed in supporting the perinæum when the head rested on that structure; even if it did press the head forward, it undoubtedly increased the dilatation of the parts. In rapid labor the accident was most likely to occur, and he deprecated haste on the part of the accoucheur. Lateral incisions were good in theory, but he thought it would be rather difficult to carry them out in private practice. When rupture had taken place the immediate operation was desirable. Any antiseptic might be adopted, but in his opinion cleanliness was usually sufficient.

DR. VOELLER said that this subject had been a prominent feature in the lectures of Professor Ritgen, of Geissen. He remembered, in 1852, that Ritgen said: "If I had done nothing else to aid the progress of midwifery than these directions for the preservation of the perinæum, I would deserve eternal remembrance." Ritgen's method consisted in:

1. The position on the left side.

2. Retarding descent of the head by pressing with the points of the fingers on each side of the middle line, especially if a large head presented; this pressed the chin aside and allowed consecutive passage of the tubers.

4. Scarifications of the *ostium vaginæ*, followed by irrigation with warm water to promote bleeding. He stated that an incision one line in depth gave three lines of expansion.

In delivering the shoulders Ritgen advocated keeping one shoulder on the perinæum, and releasing the arm of the upper shoulder from beneath the symphysis, allowing it to emerge first.

He believed in fomentations and inunction, particularly in primiparæ.

With regard to the results of laceration, authorities were not unanimous that they were so disastrous. Emmet said that simple laceration, even when extending to the sphincter, was not sufficient to cause displacement of the uterus; there must be some unknown factor involved. In cases of untreated rupture we found, after many years, that the parts still preserved their normal relations; whilst the result of a perfect operation for repair was often unsuccessful. Emmet believed that the descending head often tore the posterior vaginal wall from its attachments to that portion of the pelvic fascia which connects it with the rectum, long before it had begun to distend the perinæum.

DR. McKEE observed that the relative directions of the upper and lower portions of the parturient canal should be borne in mind. Practically, they formed a right angle. He thought that the application of the straight forceps in cases where the occiput did not engage, under the symphysis, or where complete flexion did not occur, was preferable to any manual expedient.

DR. PATTERSON, of Cedarville, in twenty years of practice, had never seen a case of laceration. Good common sense was the best aid. Slowness and patience were also necessary. In connection with instrumental delivery, the doctor alluded to an anecdote of Dr. Goodell's, contained in Prof. Gross' paper (*Journal Am. Med. Ass.*, Sept. 27, 1884). He believed that the forceps was too frequently applied for the convenience or comfort of the obstetrician. He thought that pressure, which prevented the emergence of the occiput, was a mistake. He was strongly in favor of antisepsis and strict cleanliness, and always used glycerine and carbolic acid for the hands during labor.

DR. BRICELAND, of Shasta, had heard the question discussed many years ago by Charles D. Meiggs, of Philadelphia. He was glad to see that the profession had not retrograded. He believed that the debate this evening represented the theories of modern scientific midwifery, but, at the same time, he must say that no advance had been made from the period he mentioned.

THE PRESIDENT observed that in young, muscular, well-knit women he often, on examination, experienced a difficulty in introducing the finger. In these cases he had found it advantageous to draw the perinæum downwards and backwards, so as to aid dilatation. Raising the hips from the bed was also a help, though he could not explain why, but it often facilitated delivery. He believed in making pressure on the occiput between pains.

Dr. Parish mentions (*Journal Am. Med. Ass.*, Feb. 5th, 1887) the fact that iron-dyed silk ligatures within the abdominal cavity had completely disappeared at the end of eighteen months. The case was one of cystic disease of the ovaries. Death subsequently took place from other causes, and the absence of the ligatures was demonstrated at the autopsy.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: MARCH, 1887.

THE SACRAMENTO MEDICAL TIMES.

Starting upon its career as "another medical journal," THE TIMES is exposed to the inevitable criticism which greets a first number. In view of this, a brief statement of its position, present and prospective, is desirable.

THE TIMES neither seeks to supplant its contemporaries, nor comes to supply a demand, but rather to create one; and in proportion as the effort succeeds, its purpose will be accomplished. It will provide a means of communication in professional matters, a source through which to interchange practical medical experience, for the great body of the profession of the interior of the State. Circulating largely in Nevada, Oregon, and Washington Territory, it hopes to fulfil the same purposes in those fields where no local publication exists. Beyond this, that it is first Californian and Pacific Coast, the TIMES disclaims identity with any particular locality. Its columns are always open to correspondents, and as far as a monthly journal can accomplish, it will give prominence to this department, and special attention to matters of local interest.

Recognizing the fact that a scientific medical monthly does not exist outside the great Eastern cities, it hopes to attain its object as a medical journal by keeping these points in view. Yet, while admitting the primary impossibility of this desirable elevation, it will aim at the highest possible standard, and its pages will represent the best attainable

matter. When occasion demands, articles will be written by those whose special knowledge or wide experience renders them most competent to direct professional opinion on the subject. THE TIMES is published in the interests of the regular profession, and we desire at the outset to express our allegiance to the laws, written and unwritten, which govern that body. Its policy will ever be in sympathy with the National Association and all affiliated societies.

Believing that journals, like individuals, should practise what they preach, we desire to make our advertising department conform to our general policy. While direct endorsement is withheld, there can be no doubt that the appearance of any matter within the covers of a publication, conveys a tacit acquiescence. Conscious of the propriety of our course, we have determined that no patented or proprietary medicine, by which is meant a combination of known drugs, whose manufacture in that form is secured by statute to one person or firm, shall be advertised in our pages. This class of business properly belongs to the secular press, and we would endeavor to direct it into the course which it should take. It is a new departure, perhaps unique, but we are willing to make the experiment and abide by the results. We seek the support of the legitimate manufacturing pharmacist, and will properly notice advances which may be of benefit to the practitioner.

Published in its midst, we claim the support of the profession of the interior. As an independent journal, unconnected with any other enterprise and run solely in the interests of its subscribers, we appeal to all whom it may concern and we shall rely upon our intrinsic merit as the ultimate measure of our success.

AN ASYLUM FOR INSANE CRIMINALS.

When all other means of escape from a conviction of the gravest of crimes appear hopeless, our sharpest lawyers often set up a plea of insanity for their clients, and in many cases such a plea has been pressed upon the weakest foundation to a successful issue. Among the most effective agents to secure such a result, are medical men who are summoned into the service of the State to play an important part in the old farce of hypothetical questioning before judge, jury and crowded court-room. In these cases, what medical witness has not felt the humiliation of a position where he cannot explain his belief, and where he is compelled to answer yes or no to queries involving the most complicated problems in mental science?

A remedy for the evils connected with this plea has often been suggested in the medical literature of California, but no effort to change our system of judicature in this matter has been attempted until the present session of the Legislature. We are now happy to announce that Senator Boggs, of Colusa County, has introduced an Act which, if it become a law, will entirely remove the motive which now exists for a plea of unsound mind in cases where bloody crimes have been perpetrated. The new Act is founded upon the just and reasonable idea that, if the defendant has truly committed a murderous deed, even under an insane impulse, or when fully insane, the safety of society demands that he or she be provided with quarters in an asylum at San Quentin, where no further opportunity will be offered for the gratification of such dangerous tendencies.

The Act also provides that all insane criminals now under treatment at the asylums in Stockton or Napa, shall be re-

moved to the new institution. When it is known that these insane criminals are often necessarily associated with sufferers from mental disease sent from our most respectable families, no good citizen will protest against the passage of an Act which separates them for all coming time.

THE NEW MEDICAL REGISTER.

A third edition of the "Official Register of Physicians and Surgeons in the State of California," has just been published under the direction of the Board of Examiners of the State Society. This volume, which is larger than its predecessor, bears evidence of most careful attention to details; nothing has been omitted which would facilitate reference. The recapitulation of medical practitioners, by counties, which was formerly confined to licentiates of the Board, has, in this edition, been continued through the whole list, including "Illegals." Footings of the different counties have been appended, which show at a glance those in active practice and those who have retired.

The total number of certificates which have been issued by the Board is 2071, being an increase of 373 since the publication of the last Register. Of these, 1437 have been reported as residing in the State, 1335 of whom are in active practice.

The total number of persons practising medicine in California is 1879; of these 164 are classed as "Illegals." Estimating the population at 1,100,000 the proportion of practitioners to inhabitants is 1 to every 585 persons. It would appear that some agency has been successfully working to reduce the number of "illegal practitioners." In the second edition of the Register 485 names were included under that head. In the present volume the number is 164, being a

decrease of 321, during which period the whole number of resident licentiates has been increased by 164.

Want of space compels us to omit a more extended notice of other improvements and new features. The labor incident upon the publication of the Register has been necessarily great, and the thanks of the profession are justly due to the indefatigable Secretary of the Board, on whom most of this arduous work has fallen.

THE STATE BOARD OF HEALTH AND THE PREVENTION OF EPIDEMIC DISEASE.

A clause was introduced in the General Appropriation Bill, providing the sum of one thousand dollars for use by the State Board of Health in preventing the introduction of contagious and infectious diseases. In committee, the amount has been wisely increased to twenty thousand dollars, and we trust that the amendment will meet with the approval of both branches of the Legislature.

Our State stands unrivaled in climate and general resources with any other State in the Union, and is now attracting a large share of the most desirable immigration from the older and less favored States; but should any of the exotic diseases, about which we hear so much, gain a foot-hold amongst us, either north or south, it is certain that all of this influx would be immediately checked, and our State thereby sustain such a set-back as a quarter of a century would but feebly repair.

It should be recollected that the money asked for is to be kept under the control of our Governor, and to be disbursed only by his consent. The State Board of Health is merely *advisory*; it will be its duty to notify the Governor of approaching danger, and of the means which should be adopted

to ward it off as speedily and effectually as possible. Never was the adage, "an ounce of prevention is better than a pound of cure," more unmistakably important to a people than to us at present. The diseases referred to are clearly preventable.

Our knowledge of the laws of health and hygiene demonstrates the fact that from twenty-five to thirty per cent. of the human family are now rescued from the subtle enemy in excess of that which was saved a quarter of a century ago, and greater results are still in store for us. Dr. Rush confidently looked forward to the day when Courts of law would punish cities and towns for permitting any of the sources of contagious or infectious diseases to exist within their jurisdiction; and Carlyle believed that neglect on the part of constituted authorities to adopt all possible means for the prevention of disease was a "punishable offense."

A few years ago our State was unquestionably saved from an epidemic of small-pox by the timely intervention of the State Board of Health. The Board, however, had no money at its disposal, but Governor Perkins, in his well-known generosity, came to the rescue, and pledged his private means for the purpose. Less than two years since, Governor Stoneman came to the assistance of the Board in like manner, and yellow fever was prevented from reaching us from Mexico.

The Southern Pacific Company also lent the Board its powerful aid in both instances. Such liberality, however, cannot always be relied upon, and should not be expected. The amount asked for should be cheerfully granted—with it much may be done, while without it the worst consequences may ensue. Should a penny wise and pound foolish spirit on the part of our legislators defeat the appropriation, and yellow fever, small-pox, cholera or other preventable disease, ever

reach us unnecessarily, it will then be too late for regrets; the seed will have been sown, and a harvest of death and desolation will be their and our reward. Let the clause be enacted without delay, and there can be no doubt whatever that the taxpayers throughout the State will cry Amen! with such unanimity as never has been accorded to any public measure.

IRA E. OATMAN, of Sacramento, has been appointed a member of council of the Section of Obstetrics of the Ninth International Congress.

WE would direct the attention of our readers to the subjects of insane criminals and the provision of funds for use by the State Board of Health, which have been noticed in the editorial columns. The opinions therein expressed have that authority which extended experience with the questions under discussion necessarily confers.

WE have been requested to mention that copies of the third edition of the "Official Register of Physicians and Surgeons" have been sent to the secretaries of the different local societies throughout the State for distribution in their immediate vicinity. Other physicians will receive the Register direct from the office of the Board of Examiners. Members of the profession in Sacramento can obtain their copies by calling at this office.

Licentiates of the Board of Examiners.

At special meetings of the Board of Examiners of the Medical Society of the State of California, held January 10th and 13th, 1887, the following physicians were granted certificates to practise medicine and surgery in this State:

Wm. E. Conlan, S. F.; M. Dep. Univ. Cal., Dec. 3, '86.

Geo. Corcoran, S. F.; Univ. of Glasgow, Scot., April 29, '49.

A. J. Dean, Haywards; M. Dep. Univ. Cal., Nov. 7, '81.

John R. Doig, San Diego; Coll. Phys. and Surgs., Chicago, Ill., March 11, '84.

- Robert R. Dorsey, Los Angeles; M. Dep. Univ. Penn., March 15, '82.
- M. E. Gonzalez, S. F.; Cooper M. Coll., Cal., Nov. 6, '83.
- A. B. Gregory, San Luis Obispo; Jefferson M. Coll., Penn., March 15, '82.
- Thomas Keefe (duplicate), San Diego; Cooper M. Coll., Cal., Nov. 4, '82.
- T. H. Kingsley, Lower Lake; M. Dep. Univ. Cal., Dec. 3, '86.
- John Lagan, S. F.; King and Queen's Coll. Phys., Oct. 8, '86; Royal Coll. Surg., Ireland, July 29, '86.
- Ernst Lichau, S. F.; Univ. of Wurzburg, Ger., July 14, '86.
- L. F. Mansfield, Santa Barbara; Woman's Hosp. M. Coll., Chicago, Feb. 29, '76.
- J. M. Mathewson, Oakland; M. Dep. Univ. Cal., Nov. 10, '82.
- W. T. Maupin, San Jose; Jeff. M. Coll., Penn., March 10, '64.
- T. J. McDonald, S. Diego; Univ. Vic., Canada, May 12, '86.
- B. A. Rabe, Oakland; M. Dep. W. Res. Univ. O., Feb. 7, '71.
- W. M. Ryer, S. F.; M. Dep. Univ. City of N. Y., —, '45.
- J. P. Sargent, S. F.; Bell. Hosp. M. Coll., N. Y., May 1, '86.
- C. F. Taggart, Tulare; St. Louis M. Coll., Mo., March 5, '84.
- F. W. Trull, S. F.; Bell. Hosp. M. Coll., N. Y., March 15, '86.
- A. H. Warren, Los Angeles; M. Dep. Univ. City of N. Y., March 6, '86.
- G. W. Zimmerman, Woodland; M. Coll. of Ohio, March 2, '68.

At the regular meeting, held February 2d, 1887, certificates were granted to the following:

- F. B. Elwood, Alhambra; Kansas City M. Coll., Mo., March 7, '82.
- S. E. Morse, San Lucas; M. Dep. Univ. Kansas City, Mo., March 2, '82.
- E. D. Seaman, Wilmington; Coll. Phys. and Surgs. City of N. Y., Oct. 2, '83.
- W. N. Smart, San Diego; Long Island Coll. Hosp., N. Y., June 22, '71.

At a special meeting, December 8th, 1886, the application of R. E. Foley, of Janesville, was rejected because of insufficient credentials.

At a special meeting, held January 13th, 1887, the application of Wm. H. Sommers, of Moore's Station, was rejected because of insufficient credentials. He presented to the

Board a long affidavit, asserting that he graduated at the Chicago Medical College, but the records of that institution show that he did not graduate there. He subsequently wrote a letter to the Board admitting the falsity of his affidavit.

The application of Chalmer M. C. Prentiss, of San Francisco, who calls himself in his advertisements, "Dr. Prentice," was rejected at a special meeting of the Board, held January 26th, 1887, because of unprofessional conduct. Pending the investigation of his case before the Board, he sued out a writ of mandate in the Superior Court to compel the issuance of a certificate. The suit terminated in favor of the Board.

R. H. PLUMMER, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND
DUTIES OF OFFICERS SERVING IN THE MEDICAL
DEPARTMENT OF THE U. S. ARMY (DIVISION OF
THE PACIFIC), FROM JAN. 19 TO FEB. 20, 1887.

Lieut. Edward R. Morris, Asst. Surgeon, granted leave of absence for one month, to take effect on or about March 10, 1887, with permission to apply for an extension of twenty days. (S. O. 6, Div. Pacific, January 19, 1887.)

Asst. Surg. M. M. Walker, relieved from duty at Angel Island, Cal., to report to the Commanding General Dept. Columbia for temporary duty in that Department. (S. O. 8, Div. Pacific, January 25, 1887.)

Lieut. Leonard Wood, Asst. Surgeon, to proceed to headquarters and report to Department Commander for temporary duty. (S. O. 12, Dept. Arizona, January 31, 1887.)

OFFICIAL LIST OF CHANGES IN THE STATIONS AND
DUTIES OF OFFICERS SERVING IN THE MEDICAL
CORPS, U. S. NAVY (DIVISION OF THE PACIFIC),
FROM JAN. 20 TO FEB. 20, 1887.

Norfleet, E. H., P. A. Surgeon, reported for duty at Naval Hospital, Mare Island, February 5th.

Green, E. H., P. A. Surgeon, assigned to duty on U. S. S. "Alert" under orders to Central American Coast, etc.

Dungan, J. S., Medical Director U. S. N., has been placed on the retired list January 29th.

Robinson, S., Medical Inspector U. S. N., has reported at San Francisco January 29th.

METEOROLOGY.

STATIONS.	TEMPERATURE.			HUMIDITY.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	No. days Rain fell	Total Rainfall.	No. of Days			Prevail- ing direction	
						Clear.	Fair.	Cl'dy.		
Los Angeles, Cal.....	73.8	36.3	51.9	10	9.32	17	5	9	W.	Lieut. Maxfield, U. S. S. C.
Red Bluff, Cal.....	56.7	30.6	43.9	14	4.95	6	12	13	N.	"
Sacramento, Cal.....	60.0	30.0	48.7	12	5.91	12	7	12	N. W.	"
San Francisco, Cal.....	59.9	33.1	47.5	16	8.80	12	11	8	N. W.	"
San Diego, Cal.....	68.7	39.0	53.0	11	4.43	16	9	6	N. W.	"
Santa Barbara, Cal.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	"

For Month ending February 20th, 1887.

CLEAR DAY—One on which cloudiness is 3 or less on a scale of 10.

FAIR DAY—One on which cloudiness is from 3 to 7.

CLOUDY DAY—One on which cloudiness is over 7.

The Sacramento Medical Times.

Vol. I.

APRIL, 1887.

No. 2.

ORIGINAL ARTICLES.

A CASE OF PHENOL POISONING FROM PRESUMED VAGINAL IRRIGATION IN CHILD-BED.

By WALLACE A. BRIGGS, M. D.,
Sacramento, Cal.

Mrs. E. was delivered at term, after an easy normal labor, on January 31st, 1887. Her lying-in was normal in every respect until 1 P. M. February 5th, when the nurse began to give, as she supposed, a vaginal injection, consisting of a teaspoonful of carbolic acid, dissolved in one pint of hot water. The patient herself introduced the nozzle of the syringe, which was of the Davidson pattern.

About twelve ounces of the solution had been injected when the patient abruptly exclaimed, "I feel faint!" Then, placing her hand over the region of the uterus, she continued, "I am burning up here?" Her face was livid; her respiration immediately became labored; slight muscular tremor set in; death seemed imminent.

Summoned in haste, I reached the patient at 3:15 P. M. I found her breathing, stertorous and irregular (10 to the minute); the skin clammy and cold; the pulse at the wrist scarcely perceptible (76 to the minute); heart-sounds barely audible; reflexes, including pupillary reflex, abolished; pupils widely dilated; temperature evidently subnormal, although, unfortunately, I did not use the thermometer; head deviating to the right.

Before getting any history of the accident, I withdrew two large pillows from under the patient's head, and elevated the foot of the bed. This was followed almost immediately by improvement in the respiration. I then injected a half ounce of whiskey subcutaneously, and repeated the injection

in fifteen minutes. I ordered two ounces injected *per rectum* in half an hour; again in an hour, and every four hours thereafter; and bottles filled with hot water placed to the feet and to both sides of the body.

At 7 P. M. the breathing was more regular; the pulse slightly fuller and stronger; the reflexes were still slow and limited; surface warmer; condition otherwise unchanged.

At 8:30 the pupillary reflex was re-established, the breathing was regular, the pulse stronger, the skin warm, and bathed in perspiration. By advice of Dr. G. L. Simmons, who kindly saw the case with me, the injections of whiskey were doubled in frequency.

February 6th, 8 A. M.: Reaction is fully established; pulse full and stronger; face flushed; skin warm; reflexes re-established; deglutition impossible; fæces and urine voided unconsciously; flow increased. On being loudly spoken to, patient opens her eyes, stares vacantly into space, and then drops asleep again. One ounce of whiskey with six ounces of water per rectum every two hours.

8:30 P. M.: Condition improved; slight evidences of dawning consciousness; large blister on heel of left foot, and on ball of right—probably produced by heat; during day, patient has passed large quantities of offensive liquid fæces.

February 7th, 9 A. M.: Patient swallows for the first time, and indulges in long fits of hysterical weeping; voids her excretions in bed; makes no response to questions; stares vacantly; whiskey discontinued; liquid nourishment ordered by the mouth.

February 8th, 9 A. M.: After repeated and emphatic inquiry, patient replies by dubiously shaking or nodding her head; she still weeps hysterically; has not passed more than an ounce of urine during the last twenty-four hours. Ordered exclusive milk diet in large quantity, and one drachm of pulv. jalapæ comp., to be repeated in six hours if necessary.

February 9th, 9 A. M.: Copious evacuations followed the jalap powder; bladder empty; condition unchanged.

February 10th, 9 A. M.: Intelligence very limited, but evidently increasing; motions of arms awkward, and indeterminate as though muscles are paretic; excretions still involuntary.

February 25th: Since last report improvement has been slow, but uninterrupted; intelligence increasing; in language

of nurse, patient is not so "silly," but has not uttered a word since the accident; muscles less paretic.

March 1st: Nurse states that patient first tried to speak on the morning of February 26th. Her effort, however, was absolutely unintelligible. She now halts and stumbles in her speech, and supplements it with frequent primitive gestures, but manages to make known her wants.

March 10th: Speech, strength and appearance improved, but patient still complains of weakness, especially of right arm. Complete restoration seems probable in the near future.

NOTES ON A CASE OF CHRONIC INTERMITTING ALBUMINURIA OF FOUR YEARS' STANDING.

By G. CROCKER SIMMONS, M. D.,
Sacramento, Cal.

The following case is submitted in support of the theory of diminished pressure in the blood-vessels as an occasional factor in the production of albuminuria:

In the Fall of 1882, the patient first came under observation; aged nineteen years; of slight build, nervous temperament and exemplary habits. He was, so far as he knew, in perfect health. A slight knowledge of urinary analysis had led him to examine his urine, and he was greatly alarmed to find a distinct trace of albumen therein. On this account he sought professional advice.

A careful examination, both microscopically and chemically, was then made, with the following results: specific gravity 1025, and averaging high at all times; quantity diminished; reaction; acid; the amount of albumen was variable, but never more than one-tenth of one per cent.; the sediment contained nothing abnormal beyond a few calcic oxalate crystals. At that time the case was supposed to be similar to those of Jukes' (*Brit. Med. Jour.*, vol. ii, 1878, p. 794), the so-called albuminuria of adolescence, and the patient dismissed with the injunction to drink freely of fluids, and avoid too concentrated a diet.

In March, 1883, some six months after, the urine was found to closely correspond with the previous analyses; and, more than this, it was ascertained that, in the morning urine, and in that passed after an interval of rest, there was no al-

bumen. The patient's health was excellent, and there were no renal symptoms of any kind.

In December, 1883, he again returned for observation, and placing himself completely under medical supervision for three months, a careful record was kept. This embraced a series of over three hundred tests of the urine, and included in each test the specific gravity, the reaction, the quantity passed, the amounts of albumen and urea (approximately); also a record of the foods eaten, the periods of rest and exertion, the amount of fluids and the kind taken, the time of their ingestion; and the results of experiments with drugs, food, catharsis, etc. From these observations it was evident:

1. Quantity of urine per twenty-four hours much diminished; averaging 823 c. c. (1500—2000 c. c. normal).

2. Specific gravity increased, ranging from 1023—1031.

3. Reaction of the albuminous urine was, in ninety-five per cent. of the tests, acid; the remaining five per cent. being the urines of digestion, and neutral or alkaline from the alkaline phosphates contained.

4. Urea increased.

5. Sediment not increased in amount, and under the microscope shows nothing pathological.

In regard to albumen it was ascertained:

1. Never to be above one-eighth of one per cent.

2. To be entirely absent from the urine passed on rising.

3. To be more frequently present in the urine passed between 11 A. M. and 1 P. M.; the relative amounts of urine passed between those hours were found to be the smallest; they were the hours of greatest exercise.

To note the influence of rest, two days were passed in bed, and at no time was albumen present in the urine. Position, so long as rest was observed, had no influence in the production of albuminuria. Rooke mentions a case in which the albumen varied with position.

Over-eating had no effect. Exercise was a decided factor, and with the degree of exertion the amounts of albumen directly varied. Further than this, it was ascertained that with an amount of exercise ordinarily causing albuminuria, large draughts of water, milk or beer caused its complete absence. In every instance both nitric acid and heat tests were carefully made, and the absence of albumen in the diluted urine verified.

As complete rest, notwithstanding an ordinarily concentrated state of the urine, kept it free from albumen, the patient when resting was actively purged in order to ascertain whether the degree of concentration affected the presence of albumen. It was found that with a flow of urine of but 18 c. c. per hour (the normal in this case being 35 c. c.) a distinct trace of albumen appeared.

Food albumenous and non-albumenous had no effect on the production of albuminuria. Parkes, in his "Composition of the Urine," relates a case in which an albuminous diet invariably increased the amount of albumen. Hunyadi Yanos water having been successfully used in a case of Johnson's (*Br. Med. Jour.*, December 13, 1879), was tried for a week—three ounces on rising—but with no benefit.

Etiology: Reference to the scant literature on the subject of intermitting albuminuria shows a decided inclination to the view of Benicke, that the large arterial vessels at puberty attain their relatively narrowest condition, while the heart increases its development, thus giving an increased arterial tension. Mahomed (*Lancet*, vol. i, 1879, page 77), takes exception to this view. Gull, Yeo and Johnson attribute the cause to a nervous atony of the renal vessel walls. Runneberg (*Deutsch. Archiv. f. Klin. Med.*, vol. xxiii, p. 21), from experiments on animal membranes, held that the remitting albuminuria in some cases was due to diminished pressure. His view met with decided opposition, and as no clinical example could be cited it remained comparatively unsupported; yet we find so careful a writer as the late Dr. Ellis, of Harvard ("Albuminuria as a Symptom"), favoring the theory as an occasional cause.

In this case, to recapitulate, we have scant urine, and the disappearance of albumen when the blood volume is increased by the ingestion of a large amount of fluid. The causative influence of exercise, which, according to Ranke, diminishes the blood volume in the parts at rest; the results of catharsis depleting the system and producing diminished pressure and consequent albuminuria. All these facts tend to the view of diminished pressure in the renal vessels as the real cause of the albuminuria under consideration.

Sphygmographic tracings of the patient's pulse gave additional weight to this theory—after rest, the tracing showing a higher plane to the aortic notch, and a more gradual de-

scent in the wave line. A drug which increases the blood pressure seemed indicated, and digitalis was selected. A series of trials then followed, and the results were confirmative in each case. As soon as the heart slowed from a normal beat of eighty to that of sixty per minute, the albumen disappeared, even though severe muscular exercise had meanwhile been practised.

Prognosis: Dickenson and Johnson both hold that cases similar to this are but the first stages of chronic Bright's disease. Other equally prominent authorities, but far less gloomy in their prognostication, believe the pathological state to be but a temporary disorder, and requiring only a strict observance of the laws of health. The latter was the view expressed in this case.

In January, 1886, the patient made application for life insurance, and was rejected solely on the ground of albuminuria. Since then no attention was paid to his condition, until February, 1887, when an examination covering several days, and including the urines of rest and exercise, gives the following result: quantity normal; specific gravity 1015 to 1023; reaction slightly acid; urea normal, and no trace of albumen in any specimen examined.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.

THE DELIVERY OF THE PLACENTA—Delivery of the placenta may be considered under two heads: 1. After labor. 2. After abortion.

Like many other obstetrical interventions, delivery of the after-birth is not a question of horometry. Judicious intervention presupposes either the accomplishment of certain physiological processes, or the existence of clearly-defined danger.

After labor first assure yourself that the uterus is well contracted; then ascertain *positively* whether or not the placenta is detached. To do this, grasp the cord with the left hand, draw on it slightly, and, with the right index finger, follow it to the uterine orifice. Here, if you feel a smooth, irregular, abnormal surface into which the cord is inserted, the placenta is certainly detached. Now, being physically

certain that the placenta is separated, with a piece of linen in the right hand grasp the cord as close as possible to the vulva and pull, at first downward and later upward, to conform to the direction of the parturient canal. Pull *continuously*, so that the placenta may accommodate itself to the form and dimensions of the canal it is about to traverse. Pull *continuously*, not five minutes only, or ten minutes, but *until the after-birth is delivered*—always, however, on condition that it is completely detached; otherwise, you will either invert the uterus, or rupture the cord.

What if you discover, however, that the placenta is still adherent? Wait—but watch the uterine orifice, lest little by little it close, and a moment come when intervention is difficult, and another when it is impossible. Wait twenty or at most thirty minutes. Never give ergot while anything solid remains in the uterus.

If the placenta does not separate, introduce the hand and detach it with the pulp of the fingers boldly but prudently. If you cannot remove it entire, remove it in fragments. Follow this up with antiseptic injections. If the placenta is detached and the cord ruptured, try Coédé's method of placental expression. The hand is *ultima ratio*.

Retention of the placenta after delivery at term means death; after abortion, however, it is a matter of course. In the former case, intervention is the absolute rule; in the latter, expectancy.

In abortion there are two forms of retention; the one by far the more frequent, in which the placenta separates; the other in which it adheres, lives and grows, or, very rarely indeed, atrophies. In both cases, at first, expectancy is the rule; arrest hæmorrhage with the tampon; do not give ergot. The limit of expectancy is indicated by the evidences of putrefaction. From this moment the life of the woman is threatened; the placenta must be extracted at every hazard save that of violence. Use placental forceps in preference to the fingers, and, if you fail in extraction, use antiseptic injections.

Paul Dubois said: "Beware of traction on the placenta when, after abortion, it protrudes into the vagina. The projecting portion may be torn off, and then the dilatation provoked by this foreign body in the orifice will cease, the uterus will close, imprisoning the after-birth, and the woman

is lost." Wise words these; words that impatient youth too often forgets!—Professor Pajot in *Annales de Gynæcol.*, November, 1886.

ELECTROLYSIS IN UTERINE FIBROIDS.—Electrolysis of uterine fibroids was proposed by Apostoli in view of the "nearly absolute impotence of purely medicinal therapeutics, of the appalling mortality of abdominal hysterectomy, and of the difficulties and dangers of other forms of surgical interference." Electrolysis, Apostoli maintains, is simple, inoffensive and generally sovereign. In more than three thousand applications in two hundred cases, accidents rarely occurred, and were imputable to inexperience.

Thoroughly applied and continued on the average from three to nine months, this method, in ninety-five cases out of a hundred, attains the following results: *anatomical regression of the fibroid from one-fifth to one-third, sometimes reaching one-half, but never total disappearance; definition, arrest of hæmorrhage; disappearance of the phenomena of compression and symptomatic restoration of the patient.*—*Annales de Gynæcol.*, November, 1886.

ANTISEPTIC IRRIGATION IN CHILD-BED.—Antiseptic irrigation, both of the uterus and of the vagina during the puerperium, should always be done either by the physician himself, or by a nurse he personally knows to be competent. This is the moral of the case published in another department of this journal, as well as numerous other cases, published and unpublished. In private practice, if labor has been conducted aseptically, placenta and coagula have been properly removed, and thorough contraction and retraction of the uterus secured, irrigation will be rarely necessary. When required, however, either by offensive lochia or by the evidences of septic infection, it should be done under the precautions so well known to every physician; otherwise, we may have occasion to confess with Faust, "far more fiercely than the pest we raged."

PENDULOUS ABDOMEN.—During five years Dr. Elischer has used the Preissnitz compress for the purpose of prophylaxis with the best results. The cloth is folded twice, wet in cold water, applied to the abdomen, covered with waterproof material, and changed, in normal cases, twice a day; in inflammatory cases, every four hours. By this means the abdomi-

nal walls and the cutaneous striæ shrink, and after-pains are alleviated.—*Centr.-Bl. f. Gynækol.*

OXYURUS VERMICULARIS.—Thread-worms in children are so refractory to treatment that medical men not infrequently pronounce them incurable. In this, however, the observation of many a physician proves them in error. Great patience and equal care are necessary, but, if exercised judiciously, they will be rewarded with success.

In the first place, treatment must be, if possible, continuous until every worm and every ovum are removed from the alimentary canal.

In the second place, every precaution must be taken to prevent reinfection; the linen must be frequently changed; the anus and vicinity must be washed at least twice daily with an antiseptic solution—carbolic acid 5 to 100, or mercurial iodide 1 to 2000; the seat of the water-closet must be regularly disinfected with the same solution; access of the hands to the anus or to infected body linen must be prevented and the eating of infected fruits and vegetables forbidden.

Dr. Martin (*Practitioner*, October, 1886), praises the virtues of rhubarb in the following formula:

R

Tinct. rhei. gm;	2	
Magnesii carb. gm;	2	
Tinct. Zingiber c. c;	06	
Aquam, ad. c. c.	4	M.

Sig. Twice or thrice a day, according to its effect on the bowels.

It is doubtful if this prescription is superior or even equal to the classical ext. sennæ et spigeliæ fld. Better than either of these, however, I believe to be the sodium bisulphite in the following formula:

R

Sodii bisulphitis, gm.	20	
Aquæ menth. piper, c. c.	100	M.

Sig. Teaspoonful, more or less according to effect on the bowels, every three hours.

The bisulphite not only sweeps the parasites out of the bowels, but, by the sulphurous acid liberated in the intes-

tines, I believe it to be an efficient vermicide also. In combination with the prophylactic treatment above set forth, I have found it to answer admirably.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

ACTINOMYCOSIS HOMINIS—In *The American Journal of the Medical Sciences*, for January, 1887, this rare and most formidable disease is exhaustively discussed by Dr. E. MARKHAM SKERRITT.

The chief points of interest are as follows:

Actinomyces is defined by Ziegler as a progressive, inflammatory, fungoid affection, causing the formation of granulations and fibrous tissue, and resulting in suppuration. It attacks human beings, cattle and swine.

It was first described in 1877 by Bollinger, who observed it in cattle. In the same year Israel discovered it in man. But the true nature of the disease seems to have been first recognized by Ponfick, in 1879, who established its identity with the condition previously met with in cattle. The fungus occurs as small globular masses about the size of millet seed. The color is usually pale yellow, but this is not constant. The surface of each mass presents a mulberry-like appearance. There is a central core of closely woven threads from which radiate very many filaments, the ends of which swell out into club-shaped bodies. In man this clubbed end is absent, and the growth consists of radiating filaments alone. In the tissues each portion of the fungus is surrounded by inflammatory products forming a nodule, resembling a tubercular granulation. Adjacent tissues undergo various degenerative changes, suppuration being the resultant. At this point the ray-fungus is often found detached in the abscess-like cavity.

The etiology of the disease is quite obscure. The germ has never been found outside the body. Man and animals are probably infected from some common source, as vegetables or water. In one instance an epidemic was thought to be traceable to the eating of rye grown on land recently reclaimed from the sea. Carious teeth or dental fistulæ are strongly suspected as an active cause, as in many recorded cases defective teeth were noted, and in several the process

originated at the site of decayed teeth. Israel reports a case where the lung was infected, and states that a fragment of tooth was discovered in the seat of the area of invasion.

The fungus has been successfully cultivated during the past year, although the disease has not been produced by inoculation of the cultivation product.

The fungus may invade the body by any one of three paths, viz.: the mouth and pharynx, the respiratory passages, or the digestive tract. Whatever the primary seat of the disease, generalization of the growth by embolism may occur, and this after the tumor has long had an inactive local existence.

The only treatment that promises a successful termination of the disease is entire extirpation of the growth.

The Vienna correspondent of the *N. Y. Med. Jour.*, March 12th, 1887, reports a case of primary abdominal actinomycosis, which was observed at Professor Albert's clinic. The patient, a man forty-three years of age, received a severe blow in the hypogastric region. About nine months later Professor Albert discovered, in a fistulous opening at the umbilicus, the characteristic granules of the *Actinomyces*. No other region was affected. The abdominal wall was divided from the umbilicus to the symphysis pubis, disclosing three fistulæ of varying size and length imbedded in solid callous tissue, forming a dense tumor about the size of a child's head. The fistulæ were laid open, carefully and deeply curetted, and the entire wound packed with sublimated siliceous gular (earth); speedy and perfect recovery followed.

POROTOMY—The *Boston Medical and Surgical Journal*, of March 3d, 1887, contains an abstract of a paper by DR. J. W. S. GOULEY, entitled "*A Protest Against Indiscriminate Meatus Cutting.*" Therein Dr. Gouley, an authority so high as to command respect, calls a halt upon those who are wont to resort frequently to this most fashionable, yet "unsafe," procedure.

Attention is called forcibly to the alleged fact that, in the opinion of certain authorities, every private person, not congenitally affected with hypospadias, must have his meatus cut, the incisions not infrequently resulting in deformity of the urethra.

The author admits that, in a small proportion of instances, the meatus being congenitally narrowed, must be opened by incision. Furthermore, he concedes that this course is an

essential to the cure of urethritis, and that strictures of the balanic region are only amenable to incision. His demurrer is entered mainly against those operations wherein the whole balanic region is incised through and through.

Although Dr. Gouley claims to have discovered some fifty cases where such enormous porotomies have been done, it must be seriously questioned that those instances form a fair basis for an estimation of the value of this much extolled operation. No one can doubt that the results in the cases to which he refers are disastrous. On the other hand, porotomy skilfully performed will continue to be regarded as a rational and safe means of relief where a necessity for it is apparent.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

By WM. ELLERY. BRIGGS, M. D.

SYMPATHETIC OPTHALMIA THIRTY-FIVE YEARS AFTER INJURY.—DR. F. CORNWALL (*Amer. Jour. of Ophthalmology*, January, 1887) reports an instructive case which emphasizes the importance of looking after deformed and blind eyes, and their tendency to cause dangerous inflammation of the fellow eye after an indefinitely long period of time. His case was that of a man who, thirty-five years previously, had fallen, striking the eye with the edge of a hoe, cutting the lids and ball nearly in two. The wound was treated by poultices, one of the relics of the past ignorance of ophthalmic surgery. The wounds healed with the lids adhering to the stump. The eye gave no trouble until about ten days previous to his application for treatment, with the exception of a slight tenderness of the stump at the point of adhesion between eye and lids. The first symptoms of which the patient complained was an increasing dimness of vision. Periods of a few hours occurred, during which there appeared to be a heavy cloud before his eyes. The frequency of these attacks increased, and when he was first seen the vision in his left eye was reduced to $\frac{20}{60}$. There was some pain in the sympathizing eye, but none to speak of in the stump.

An examination with the ophthalmoscope revealed optic neuritis, the disk being so red and swollen that its outlines could be seen with difficulty. There was also slight haziness of the vitreous. The pupil was dilated, and the movements of the iris sluggish. The stump was enucleated immediately. Within

it was found a complete ossified ring lining the eye ball. The bony shell formed an opening around the optic nerve, and on one side a sharp spicula of bone pressed against or into the optic nerve. Two days after the operation vision improved to $\frac{20}{1x}$ and the pain had nearly subsided. The disk remained hyperæmic for three months after enucleation, but six months after it has become entirely clear, and the other unpleasant symptoms disappeared.

Dr. Cornwall thinks bony formations are more frequently a source of sympathetic trouble than is generally supposed, and that the location of an injury in a phthisical eye has much to do with its likelihood of causing sympathetic trouble.

THE SURGICAL TREATMENT OF CEREBRAL ABSCESS FOLLOWING MIDDLE EAR DISEASE—One of the greatest triumphs of modern surgery is the successful treatment of cerebral abscesses, which are the result of otitis media, by operation. The four cases thus far reported have all terminated favorably. A report of the first case was published in the *Monatsschrift Ohrenheilkund*, No. 2, 1886. The operation was performed by Dr. Schondorff, and the patient was cured after three months treatment. The second case was operated on by Dr. Schede, of the Hamburg General Hospital. In both cases there were three common symptoms—a very painful spot on the skull, œdema confined to the same region, and a fistula. In Dr. Schede's case the fistula led to a rough place on the bone, while in Schondorff's it led directly to the brain.

The history of Dr. Schede's case is as follows: The patient had had a discharge from left ear during six months; his hearing was much diminished, and he looked icterical.

January 12th, 1886: A very painful spot appeared on the top of the head (he had formerly suffered from attacks of vertigo). Had a chill four days ago. The meatus much narrowed by swelling; at the bottom a shining red blister (drumhead?) was visible. Incision of blister and meatus. Treatment: syringing, aq. plumbi for dressings, laxatives.

January 14th: Dressings dry. Pain on top of head and occiput. On account of rising temperature, an opening into the mastoid was made about $1-1\frac{1}{2}$ cm. behind the external meatus, and on a line with the linea temporalis. Inspissated, caseous and fetid pus escaped, and syringing brought away large quantities. Drainage, packing with iodoform gauze.

The patient's condition continued good until January 24th, after which the temperature gradually increased, granulations appeared in the wound, and on the 29th paresis of the right half of the face appeared, the right angle of the mouth hung down; the tongue, when projected, diverted to the right and trembled. He showed a peculiar impediment of speech, using but few words, saying mostly "yes" or "no," mixing the right words with the wrong ones, and reads with a stuttering voice.

January 31st: Discharge of fetid pus; much œdema behind and above the ear. The diagnosis of brain abscess was made. The operation was begun by chiselling 8 *cm.* upwards and slightly backwards from the former opening. After removing a piece of bone the size of a quarter, the dura was seen to be covered with red button-like granulations. Getting some fetid pus, the incision was enlarged down, and backward 5 *cm.* more offensive pus. An exploratory puncture at this point disclosed the presence of pus. After slitting up the dura about a cupful of matter escaped. Syringing with sublimate solution 1-1000 brings out much pus with flakes of brain substance. Drainage, with sublimate gauze dressing.

The patient had two relapses of the unpleasant symptoms within the next two months, which were relieved by incising the dura, evacuating the pus, and syringing with the sublimate solution. When last seen, on September 4th, he was following his profession as an architect. He was free from trouble, except when writing he is at a loss for words. This symptom would indicate that the disease extended to the region of the second left temporal convolution. The diagnosis was based, first, upon the œdema confined to the region; secondly, on the painfulness which existed there, and which became very great on pressure; thirdly, on paralysis of the right facial nerve, and upon the peculiar impediment of speech.—*Arch. of Otology*, September, 1886.

The third case was under the charge of Dr. Gowers, of University College Hospital, London, and is reported in the *Brit. Med. Jour.*, December 11, 1886. The patient, a boy of nineteen, had generally been well, with the exception of a discharge of yellow fluid from the right ear since he had scarlet fever, in 1875. On September 11th he was taken, after having suffered for a month with more or less severe pain

behind and about the ear, with an elevation of temperature to 105°.

On September 15th there was no impairment of functions of the central nervous system, but there was a slight degree of double optic-neuritis. The hearing power was good. A small quantity of fetid debris could be wiped out of the middle ear. An injection of warm sulphate of quinine was ordered, and a dressing of iodoform. The optic-neuritis continued to increase; the papillæ became more swollen, with white spots on their surfaces. On the 25th the patient was more dull, and required to be roused to answer questions. He vomited without previous nausea. The symptoms continued to grow more aggravated up to the 28th, when Mr. Barker opened the mastoid autrum and middle ear. Injecting into the meatus brought some curdy and fœtid material out of the mastoid opening. The wound was washed out with carbolic lotion, and dressed with iodoform, with drainage tube left in wound.

The patient's condition improved for a few days, but again became worse on October 3d, when he was drowsy and delirious during the night. He vomited a quantity of offensive matter. On the evening of the 4th, temperature rose to 105°, and he had a rigor. The same evening, at the request of Dr. Gowers, Mr. Barker trephined to search in the temporo-sphenoidal lobe for abscess. The incisions made a V-shaped flap with the base upwards. The pin of the trephine was placed an inch and a quarter behind and an inch and a quarter above the center of the meatus. The dura mater and surface of the brain were found quite healthy. After washing the wound with carbolic solution, and dusting it with iodoform, Mr. Barker thrust an aspirator needle, the size of a No. 4 catheter, into the center of the opening in an inwards, forwards and downwards direction. When the point had reached the depth of half an inch, gas escaped through the tube, and later four and a half drachms of intensely fetid pus came away. Upon opening the wound made by the needle, with a sinus forceps, more pus escaped. Then, to facilitate drainage, a Volckmann's spoon was introduced, and the cortex was scraped away. The wound was again washed with carbolic solution and dusted with iodoform. Two inches of rubber drainage tube was introduced, one inch of which entered the abscess cavity. The wound was dressed antiseptically.

October 6th he passed a fair night; less drowsy; optic-neuritis the same. On the 7th, the rubber tube was removed and a silver one introduced; condition improved. Intellect was quite clear. He continued to improve, and on the 19th the drainage tube was withdrawn, and the patient was allowed to get up without ill effects. The abscess cavity was washed out one or more times daily.

The patient left the hospital for the convalescent home on November 12th, where he remained till December 4th. The optic-neuritis had not entirely disappeared. His general health was excellent. Both wounds behind the meatus were closed, and there was only a trace of moisture in the deeper parts of the ear.

The fourth case brought to the notice of the profession is one by Dr. Greenfield, of Edinburgh (*Brit. Med. Jour.*, February 12th, 1887). The patient was brought to the Royal Infirmary on December 31st, 1886. He had suffered for ten weeks with cold, cough, and deafness in left ear. A fortnight before admission he began to suffer from headache, became very dull, and commenced to vomit his food. For the last week he had vomited nearly everything. At first the headache prevented his sleeping, but afterwards he slept nearly all the time. No chilliness, photophobia or noises in the ears. When spoken to, he answered intelligently, but slowly, with slurred speech. He said his sight had become dim. There was no paralysis. Temperature 97° F.

January 1st: Patient kept well; the left pupil is distinctly larger than the right; condition otherwise unchanged. He had one natural motion to-day, but no urine passed, and sixteen ounces were drawn off.

January 2d: Patient was quiet, and very torpid; he often turned on his face and resisted being moved. No paralysis, ptosis or squint; left disc of dirty white color.

January 5th: Ptosis of the left eye was marked, and left pupil distinctly dilated. The tongue deviated somewhat to the right. There was intense optic-neuritis in left eye, but none in right. The next day all symptoms became worse. On examination of left ear for the first time a small quantity of dirty brown fluid was found oozing from it.

January 8th: The eye movements were almost nothing. Other symptoms becoming worse, it was decided to trephine so as to penetrate the temporo-sphenoidal lobe of the brain.

The pin of the trephine was applied about one inch and a quarter behind the external angular process, and nearly one inch above the zygoma. The dura mater on exposure bulged forward and felt tense, and the inner two-thirds had a yellowish appearance. On reflecting the dura, some lymph-like adherent matter was scraped away, and a Graefe's knife was passed for at least half an inch, when fetid pus welled up. Drainage tube introduced. About two ounces of pus escaped. Antiseptic dressings.

January 9th: He had a restless night, but was more intelligent. The dressing was changed at noon, and two drachms of pus escaped. Injections into the ear caused an increased flow of pus from wound. The patient continued to improve, and on February 7th he was in good health, with slight discharge from the ear. The left disc a little pale and flat; fundus otherwise normal.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By G. CROCKER SIMMONS, M. D.

DRUMINE, THE NEW ANÆSTHETIC—DR. JOHN REED, in the *Chemist and Druggist of Australia*, describes the preparation and properties, both chemical and physiological, of this new candidate for honor, in the field of anæsthesia. It is obtained from the *Euphorbia Drummondii* order Euphorbiacæ. "It acts in doses of one-sixth of a grain up to six grains, may be given hypodermically or by the mouth. In dispensing it must be given in a neutral or acid solution. In action it differs from morphia, cocaine, etc., in having no preliminary exciting stage, in having no action on the pupil, in producing no constitutional effects except in very large doses; from morphia in not affecting the higher centers; from cocaine in not producing, so far as I know, convulsions; from morphia and atropia in not affecting pulse or respiration. It resembles cocaine in its power over hunger and fatigue, which is very evident, however, throughout the body, and may or may not be a constitutional effect. Suffice it to say that when pain is present, repeated applications or injections, as the case may be, will be found efficacious, if such treatment is indicated. It destroys temporarily the sense of taste." In summarizing the author states: "The substance acts almost topically, is

comparatively free from danger, powerful in action, and paralyzes sensation without affecting motion. It does not act on the pupil, but constitutionally diminishes all senses when used in large doses, even the sense of sight; but the central nervous system seems to be unaffected. In poisonous doses, motion of limbs and respiratory muscles are paralyzed. Possibly tartar emetic and sulphate of soda in combination may act as an antidote."

In connection with the deductions of Dr. Reed, the results of a few experiments with the drug by ALEXANDER OGSTON, Professor of Surgery in the University of Aberdeen (*Brit. Med. Jour.*, February 26th), are of interest. The sample of the drug used was supplied by Dr. Reed. Four minims of a four per cent. solution of drumine in alcohol and water was first used on himself and his assistant—hypodermically, also on two patients, but with no anæsthetic effect. Next day six minims of a solution in water was used. This had no other effect than making the hypodermic site exceedingly sore and swollen. A drop of the same solution was instilled into the conjunctival sac in three different cases, with no resulting anæsthesia, or interference with pupil, or accommodation. Prof. Ogston concludes by saying "these experiments indicate pretty clearly that, as a local anæsthetic, drumine has little, if any, effect, and certainly cannot be compared to cocaine. It is possible the drumine supplied to me may have been altered in composition. This suspicion is, I think, strengthened by a letter I received (after the above notes were written) from Dr. Reed's brother, who writes: The sample sent was stale through exposure. Another sample sent at the same time was quite decomposed."

PNEUMATIC DIFFERENTIATION—Dr. F. C. SHATTUCK, in the *Boston Medical and Surgical Journal*, March 3, 1887, states in a concise manner the present value of the Pneumatic Cabinet in its application to pulmonary diseases. After giving the experiences of a number of physicians, he writes: "It will thus be seen that those who have put the cabinet to practical use are unanimous in the opinion that it is of service as a means of exercising the muscles of respiration, expanding the lungs, promoting the absorption of diseased products, and diminishing the congestion. They all appear to think, also, that by its aid medicaments in the form of spray can be ap-

plied to the upper air passages and perhaps the larger bronchi." With regard to the possibility of topical medication of the air vesicles, however, "the goal toward which the inventors devoted their energies" we do not meet with so much unanimity.

AMYL NITRITE IN AGUE—Surgeon General GUNNEL, of the Navy, advocates the use of amyl nitrite—a few drops by inhalation in the chill stage of the fever. By its use he thinks the chill and fever will be abridged, and the patient often hurried into the sweating stage in half a minute.

CAPSICUM IN OPIUM POISONING—Dr. J. G. KIERNAN (*Med. Standard*, February, 1887) speaks of the value of capsicum in opium poisoning, and concludes his article with a record of four cases in which he had used the drug with signal advantage. In one of these cases atropia had been tried without benefit. He uses tinc. capsici. four drachms in enema, and dilutes it with coffee, as in the pure form the injection causes proctitis. The value of capsicum in this connection is confirmed by the authority of Hammond, of New York, and Shoemaker, of Philadelphia.

IODOFORM PENCILS—Under this heading, G. MALLECK BLUETT, House Physician to the General Lying-in Hospital, London, describes their use and composition in that institution (*Brit. Med. Jour.*, Feb. 19th, 1887). "The formula is as follows: iodoform (in powder) 1 part, oxide of zinc 1 part, cocoa butter 4 parts coumarine q. s. The iodoform and oxide of zinc are stirred in with the melted cocoa, and cast in glass tubes four inches in length; sufficient coumarine is added to mask the smell of the iodoform. By employing cocoa butter as the vehicle, a double advantage is gained, for, in the first place, the point of the pencil is melted by the heat of the part to which the application is made; and secondly, the greasy nature of the coating obtained prevents the discharges from irritating the raw surfaces of the sore. The tubes employed are fitted at one end with a pellet of cork; by pushing this onward with a small stick, the point may be made to project any required length.

CUTANEOUS PUNCHES—Before the New York Dermatological Society, January 26th, 1887, Dr. E. L. KEYES read a paper on "The Cutaneous Punch." For the past nine years he had made use of instruments of this class in removing specks and

deep stains from the face, and also in the extirpation of rodent ulcers. The punches are on the model of the ordinary leather punch, diminutive in size, the smallest being one millimetre in diameter. In proper situation and carefully rotated, a circular piece of the integument is cut, the depth of the incision varying with the amount of pressure on the instrument. Then, with fine toothed forceps, the piece is slightly pulled upon and snipped off with small flat-curved scissors. The hæmorrhage is slight in these cases, and the resulting scars soon fade out. The eye-lids and lips offer no difficulty to the use of these instruments.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement

Regular Meeting, Tuesday, March 15, 1887.

The President, W. H. BALDWIN, M. D., in the Chair.

An Unsuccessful Case of Laparotomy for Traumatism, was reported by DR. J. H. PARKINSON.—The case was brought forward in the hope that it might prove instructive to others and also for the reason that it was desirable to record the failures as well as the successes in these cases.

Lily F.—Seen February 26th, 1887, at 6 P. M.; had been stabbed with a carving-knife, six inches in length by one in breadth. She was lying on the floor and vomiting blood. There was a considerable amount of blood on the floor and on her clothes. I had her placed upon a bed, and on examination found an incised wound in epigastric region an inch in length. I closed this temporarily with one suture; patient again vomited blood with much straining. Recommended laparotomy, to which she consented. Gave one-third grain morphia with atropia hypodermically, and had patient removed on stretcher to Receiving Hospital. The case was seen by Drs. Huntington and Briggs, who agreed that laparotomy was indicated. At 8:15 P. M., under ether, the wound was enlarged downwards, and towards the mesial line; the common cartilage of the sixth and seventh ribs was found to have been divided. The incision was then carried to the linea alba and downwards total length four and a half inches. There was very little bleeding. The anterior sur-

face of the stomach was examined, when, on drawing the viscus forwards and to the right, and passing the fingers under the ribs and to the left, a wound was detected. The finger readily entered the stomach. A wound of the posterior wall was felt, but could not subsequently be found by one gentleman; the other thought that the coats of the stomach had been injured, but not penetrated. I regret that I was unable to detect a lesion. With very great difficulty the stomach was drawn forwards and to the right, while the wound was closed by a modification of the Lembert suture; S. & J.'s catgut No. 00 was used. There was a large quantity of blood in the abdominal cavity. Free irrigation with hot water was employed, but though several gallons were used the water did not return clear. The blood was all through of a dark color. At the outset it seemed owing to the amount that had been vomited, and the fact that some was found in the stomach, that this bleeding might have preceded the operation. It was now apparent that the weapon must have penetrated more deeply. The patient's respiration, which had been frequently embarrassed during the operation, became more so; and, regarding the case as hopeless, the parts were replaced, and the abdominal wound closed in the usual manner, an antiseptic dressing being applied. Half an hour later patient was conscious, and complaining of pain in the region of the wound, one-half grain morphia with atropia was given hypodermically; pulse very feeble and rapid. At 4:30 A. M., there was no pulse at the wrist, and I could with difficulty feel the brachial artery. The pupils were quite small, reacting feebly to light. At 8:30 she was in *articulo mortis*, dying at 8:50.

Autopsy made February 27th, 3:30 P. M., by DR. A. B. McKEE.—*Rigor mortis* marked; abdomen somewhat distended; wound of injury one inch in length from above and without downwards, and inwards one and one-half inches below tip of ensiform cartilage, commencing one and one-half inches internal to left nipple line; common cartilage between sixth and seventh ribs was divided; wound of stomach on anterior aspect one inch in length, one inch below and parallel to lesser curvature one and one-half inches to right of œsophageal orifice (this wound was well and firmly closed); stomach empty, several sub-mucoid hæmorrhages; wound in posterior wall of stomach corresponding with that

in anterior—patulous. Upon dividing œsophagus and turning stomach aside, some partially digested blood escaped from former. Perforation of the left renal vein was found; about three-eighths of an inch in length, running in the long axis of the vein, and one and one-fourth inches from hylus of kidney. A large quantity of bloody fluid occupied the cavity of the abdomen, and in the region of the kidney, behind the peritoneum, was a large clot. All the abdominal veins encountered seemed empty. In removing the renal vein, on dividing the cava, no blood escaped.

The literature on the subject of laparotomy for penetrating wounds of the abdomen is not extensive.

The success which had attended the remarkable operations of Drs. Bull and Hamilton had brought the question within the field of practical surgery, even in desperate cases.

In a most elaborate paper read before the Philadelphia County Medical Society, January 26th, 1887 (*Jour. Am. Med. Ass.*), Dr. T. S. K. Morton says that he can only find fifty-seven recorded cases; of these, thirty-five operations were performed in the United States, by twenty-three operators, with eleven recoveries and twenty-four deaths, or a mortality of sixty-seven per cent. Without entering fully into the details of this valuable paper, which comprises everything that has been written on this question to date, I will quote the author's conclusions. He says: "The operation is clearly indicated in every case where penetration of the abdominal cavity is proven; and, with fair surroundings, it becomes one's duty to open the abdomen and search for wounds, for there are no omnipresent symptoms which invariably indicate intra-peritoneal wounds, even when extensive."

Speaking of examining the abdominal cavity for wounds, he says very pointedly: "We should begin at the entrance of the œsophagus into the stomach, if it is possible to reach so high, go over the stomach and all the intestines. * * * Unless this is done, wounds will sometimes be overlooked, and even apparently with the utmost precaution they will sometimes escape detection. Only those who have seen such cases can imagine the difficulty experienced in finding some wounds." I am glad to find that he strongly advises irrigation of the abdominal cavity with hot water as a means of promoting recovery from shock; and while, as was afterwards seen, this case was hopeless from the outset, we had acted on this theory.

In a paper read before the New York County Medical Association, a summary of which appears in the *Journal of the American Medical Association*, February 27th, 1886, Dr. Fredric S. Dennis says that if a stab wound has injured the intestine or any abdominal organ, laparotomy is indicated; also that laparotomy offers no additional danger to the patient, if properly performed with the strictest antiseptic precautions. He states that it is possible to have a fatal hæmorrhage from the large venous trunks in the abdomen, and this hæmorrhage not be discovered until the cavity is about to be closed.

DR. T. W. HUNTINGTON said that he had noticed a valuable comment in the "Paris Letter" of the *Boston Medical and Surgical Journal* on the ground a surgeon should take in meeting a case of this kind. He had supposed that professional opinion was unanimous on the question of treatment of penetrating wounds of the abdomen. He found that amongst French surgeons there were two classes—those who believed in immediate operative treatment and those who did not—and the latter comprised a very respectable number. This division of the profession held that it was advisable to allow nature to repair the injury unaided, except in visceral protrusions, severe external hæmorrhage and fæcal extravasation.

DR. G. L. SIMMONS said that the remarkable cases of Drs. Bull and Hamilton had imparted a new interest to the question of laparotomy. He still believed with Dr. Gross that every case in which there was fæcal extravasation had hitherto proved fatal. With regard to the "let alone" treatment, he had seen a case one year ago in which a young man had received a pistol shot in the abdomen, afterwards vomiting a considerable quantity of semi-digested blood. Perfect rest of the parts was insured, and opium given in full doses. The patient was now doing his regular day's work as a blacksmith. A well-known physician of this State, now living and in active practice, had also been shot directly through the stomach. He recovered perfectly without operation. The speaker had seen and treated many unreported cases. In the "fifties" there was a large Spanish element in the population of this city, and being at that time in charge of the old County Hospital, had seen a number of cases. He recalled one instance where there was a large protrusion of

the small intestine which had been cut. This injury was closed, and it was necessary to enlarge the abdominal wound before replacing the viscera. The man made an uninterrupted recovery. There were no antiseptics in those days, but he had used alcohol in accordance with his usual practice.

DR. J. R. LAINE exhibited a calculus, irregularly ovoid in shape, three-eighths of an inch in length and one-eighth in diameter, which had been passed by a man aged twenty-four years, after an unmistakable attack of renal colic which lasted for about twelve hours. He believed that this calculus was much above the average size, and had been surprised at the rapidity of its passage through the ureter.

DR. I. E. OATMAN said that in connection with the capacity of the ureters when dilated, he remembered making an autopsy on the body of a male child three years of age, in which the bladder was found to be firmly contracted on a large calculus. It was impossible for any urine to escape, and the ureters were distended by the retained fluid so that they resembled a portion of the small intestine for which he had at first mistaken them. The case during life had presented rather obscure symptoms, and several physicians who had seen the child failed to detect a stone.

Sympathetic and Psychological Effects of Diseases and Displacements of the Uterus, by I. E. OATMAN, M. D.—A diseased condition of these parts was the most usual cause of functional derangement of remote organs in the female. These functional derangements, particularly of the nervous system, often lead to organic disease. In support of this, several cases were detailed at length. He believed that the majority of cases of hysteria in women depended on uterine or ovarian disease. With regard to displacements of the uterus, he held that it was a cardinal principle never to use mechanical support where there was ulceration, hypertrophy, hyperæmia or inflammation. Other pathological conditions should be removed before an attempt was made to reduce the displacement. The author exhibited a gutta percha pessary which he had moulded for a case of anteversion, and found to answer its purpose admirably. The advantages of the instrument were that as the cervix fitted the ring of the pessary closely, it worked with the uterus, and, when from straining or lifting the intestines were driven down on the fundus, the replacing power of the pessary attained a maximum.

DR. J. R. LAINE, in opening the discussion, said that the title of the paper suggested the psychological and physical disturbances which uterine displacements created. The abundant nerve supply of the uterus and appendages, and their connection with the sympathetic, was exhibited in reflexes of many organs. The stomach was very commonly affected—the early morning sickness of pregnancy was well known. Pathological conditions of the os and cervix gave rise to graver symptoms; from absence of assimilation and consequent mal-nutrition there was also irritation of the kidneys. Disordered nutrition in some of these cases resulted in temporary obesity. Biliary derangement was also a sequence, and passive engorgement of the liver was not uncommon. The respiratory system was not usually implicated, but he believed that the concomitant mal-nutrition was in young women a predisposing cause of phthisis. The cerebro-spinal symptoms were well known. He believed that hysteria was a disease *per se*. Many forms of functional spinal derangement were consequent on uterine disease, and in some cases the issue was of the gravest. The organs of special sense were sometimes involved; cases of temporary blindness, deafness and aphonia had been recorded, the connection being demonstrated by recovery following the relief of the primary irritation.

DR. W. A. BRIGGS—Functional diseases of the nervous system are undoubtedly more frequent in women than in men. Why they are so is evident when we consider that in women (1) development of the emotional nature is unduly fostered at the expense of the will, the higher intellectual faculties, the muscular system and the nutritive functions. Thus reason and will, often lose the dominance they must possess in every well regulated nervous system. (2) The reproductive organs are especially prone to disease, because of their extreme functional activity during the menstrual and child-bearing period; their extreme mobility; their peculiar exposure to mechanical violence and the various forms of infection. Hysteria is essentially a centric disease, an enfeeblement amounting in some cases to inhibition of the influence of the reason and will, over the functions of the cerebro-spinal axis. Paroxysms of hysteria, like paroxysms of epilepsy, may be precipitated by eccentric irritation, as that of the stomach, of the intestines, of the uterus, of the

ovaries, etc., but the most inveterate cases of hysteria that have come under my observation have been wholly independent of peripheric lesions.

The treatment of this disease must be largely moral, supplemented by tonics, nervines, and by the removal of local disorders, whether of the uterus and its appendages or of the digestive organs—in fact of any sources of peripheric irritation. I must dissent from the opinion of the author that abrasions and other local lesions of the uterus should always be cured before the introduction of a pessary. Practically I think we shall find that the mechanical relief of displacements will often hasten the cure of abrasions and passive congestions.

DR. H. L. NICHOLS said that he differed from the author on the question of the non-use of pessaries in abrasions. He had found that these cases were often best treated by a pessary from the first, and, indeed, the condition sometimes disappeared when the mal-position was relieved.

DR. I. E. OATMAN, in replying, said that the sympathetic results of these diseased conditions were so varied that he had not attempted to enumerate them. Regarding the question of hysteria, he had observed that the disease was common to both sexes, and that in man it generally was due to gastric derangement. He firmly believed that hysteria in women usually depended on uterine disease, and he had been convinced that this was true in most cases.

This being the annual meeting, the retiring President, DR. W. H. BALDWIN, delivered a brief address. He commented on the increase in membership and attendance, and the regularity with which meetings had been held. The papers presented gave evidence of careful preparation, and it was noticeable that the discussions had been more general. He concluded by thanking members of the society for their courtesy to him when acting as their presiding officer.

The following are officers for the ensuing year: President, Wm. Ellery Briggs; Secretary and Treasurer, James H. Parkinson; Directors, W. E. Briggs, G. L. Simmons, W. R. Cluness, J. R. Laine, J. H. Parkinson.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: APRIL, 1887.

BRANCHES OF THE AMERICAN MEDICAL ASSOCIATION.

The question of the formation of branches of the National Association will engage the attention of the meeting at Chicago in June. A committee has been appointed on the subject, and we believe that their report is looked for with much interest, by a large section of the membership.

We have no doubt that this change is desirable, nor that it will ultimately be most advantageous to the Association, as well as to the great body of the profession at large. The fulfilment, however, of this measure is necessarily in the future, and meanwhile we are most concerned with the methods by which it can be brought to a successful issue. Herein lies the main difficulty to be encountered. Existing interests, real or imaginary, are endangered, and obstacles insurmountable are discovered by those opposed to change; but it should be borne in mind that these interests are no more nor less than those sought to be advanced by newer methods, and should similar results be accomplished the end and aim is conserved.

Opinions have been expressed by those connected with the Association from its very inception, and these opinions in the main tend to oppose the innovation; yet, while we yield to none in our sense of the weight which these sentiments carry with them, we feel that the views of those who suppose that something may be gained by improvement should be

freely expressed. The question is asked, "Is it desirable to make material changes in the plan of organization?" We think this question must be answered in the affirmative; if not now, then in the near future. We believe most firmly in "practical improvement in the organization of the American Medical Association," and no less so that this will be the first step to bear evidence of real progress. The National Association presents two aspects, which may be termed the scientific and the professional; with this latter we are now concerned. It is extremely difficult to discuss the question of desirability of change without adverting to methods by which it can be accomplished, but it is preferable to leave the discussion of these methods to a future date. The object those who advocate the formation of branches seek to attain, is thorough organization of the profession in the United States, so that this organization shall be practical and tangible, and capable of use when its services are required. The present system provides for an organization in theory, and it should be borne in mind that the Association is practically non-existent for three hundred and sixty-one days of the year.

That plan whereby the actual management of affairs is confined to regularly appointed delegates no doubt is excellent, but we fail to see how it is superior, except in point of numbers, to the election of one representative from a "branch." Any member of a State Society in good standing who desires to attend a meeting of the Association can be appointed a delegate, the only rule governing the appointment being the number to which the Society may be entitled. In the case of a branch, the representative is the necessary choice of a majority of its members, which fact would seem to carry with it more authority than the delegate who attends by virtue of his own election so to do.

It is said that one of the strongest incentives to the formation of local or State societies would be lost if membership in them ceased to be an essential preliminary to affiliation with the National Association. This does not follow if we

read "branch" for State society, and remember that the local society as a unit will remain intact.

The preservation of this rule is decidedly important in view of the truth of principles which have been plainly demonstrated. (*Jour. Am. Med. Ass.*, vol. vi, p. 267.) It has been stated that the actual constituency, or, as it were, branch membership of the Association, to-day is 40,000. Of what real advantage is this to the organization? The connection is theoretical, and does not admit of practical results. The Association requires members who can be rated at five dollars per annum, who will receive its journal and contribute to it, and to whom the advantages of membership can be shown to be so real that their continuance is assured. It is a fact that it is open to any State or county society to join the Association to a man, yet we see no steps in this direction. And why? Doubtless because the advantage is not realized, and the pecuniary tax is shirked. In the new order of things sought, some existing institutions must pass away, but this change need be in name only, with the substitution of more economic methods in the working of the whole. True, there is little in a name—we have high authority for the phrase—but there are many who believe that beyond the name of "Branch" lies a great future for the American Medical Association.

THE TWENTY-SEVENTH SESSION OF THE CALIFORNIA LEGISLATURE.

The session just closed has not been prolific in matters of medical interest. The profession was well represented by two Senators and three Assemblymen, notwithstanding which fact several excellent bills have failed to pass. It is well for those interested in legislative matters concerning the profession, to bear in mind that a bill rarely passes by reason of its intrinsic merit, but requires to be pushed, and watched, and guarded in every stage to its final passage.

Several measures have been passed which in some way concern the profession. We regret to state that the appropriation asked for by the State Board of Health to guard against the introduction of infectious diseases was reduced by one half. Why this course was adopted is a mystery between the legislative unit and its creator. It cannot have been from motives of economy, for the provisions under which the appropriation was asked provided for a most careful expenditure. When we reflect on the damage which would accrue to the State, and the pecuniary loss inevitable to the incident of an epidemic, we are amazed at such short-sighted policy. The Act to establish an Asylum for Insane Criminals has been sadly mutilated. The provision for an assistant physician has been omitted, and section six in the original draft was thrown out. It provided for the detention of criminals acquitted on the grounds of insanity, and of those becoming insane before receiving or during the execution of sentence, until such times as they might become sane. A well known medical expert aptly characterizes the bill in its present condition as "a case of castration." An amendment to the Act empowering Boards of Health to regulate the plumbing and drainage of buildings, and provide for the registration of plumbers, is good as far as making the regulations governing this important trade more stringent. The plumber must now be *licensed*, and this license is only issuable after an examination by the local Board as to his qualifications. One result of the bill is to put a little extra work on the Secretary of the Board, who is usually an honorary officer, but for this no compensation has been made.

The subject of glanders and farcy is of special interest to the profession on this coast, as cases of fatal contagion have been reported in our midst. Assembly Bill No. 14 provides for the appointment of a veterinary surgeon in each county. This will further the early detection of cases and the destruction of the affected animals, and lessen the extent of this loathsome disease.

Senate Bill, No. 437, amending Section 2969 of the Political Code, enlarges the powers and further defines the duties of the Commissioner of Immigration. It also makes it unlawful to bring into the State "any person who, by reason of his condition, becomes, or is liable to become, a charge upon the State, or any county of the State, for his support." Leprosy is specified as one of the diseased conditions, and provisions are made for "maintaining a lazaretto and for the support or deportation of lepers to place of former residence."

The Act governing the Napa State Asylum for Insane was very properly amended, and the growing requirements of that institution have received fitting recognition. The salary of the resident physician has been increased to \$3500, and provision is made for two additional assistant physicians. The salary of the assistants, which will be fixed by the Board of Trustees, shall not exceed \$2500 per annum.

THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

The State Society will meet for its seventeenth annual session at San Francisco on April 20th, 21st and 22d. The prospect is favorable for a successful re-union; and as facilities of travel will be afforded physicians desirous of attending, it is hoped that members of the profession will *make* time to enable them to be present. The Society now has an active membership of three hundred and thirty-eight, being an increase at the last session of one hundred and thirty-six.

For some years past there has been a competition for the Presidential chair, and while the efforts of candidates and their friends are legitimate, the spirit is desirable and for the best interests of all concerned. In the anxiety of contest, those principles which should influence the constituency are perhaps sometimes overlooked, and none should forget that the dignity and ultimate advantage of the Society is the first

consideration. No element of a personal or private nature should be allowed to intervene, and the antagonism of schools and cliques should be deeply buried. The State Society is not to be used as a means of advancement for any one of its elements; nor should a section of the membership endeavor to attain supremacy by methods that must be deprecated. The choice of a presiding officer is a most important question, and we commend it to the careful consideration of members. The President should be familiar with the workings of the Society, and have an intimate acquaintance with a majority of the membership. He should have broad and liberal ideas and good judgment. These qualities are the more desirable when we recollect that on his appointments largely depend the success of the meeting from a scientific standpoint. He should be *absolutely free* from the suspicion of connection with any one element, however powerful or numerous. We trust that the Society's action will be deliberate, and that its choice will fall on a worthy representative.

SMALL-POX IN CALIFORNIA.

Last month we alluded briefly to the probability that small-pox, which, for a considerable length of time, had been approaching us by way of Mexico, might appear in California, and we expressed the hope that the Legislature, then in session, would provide the State Board of Health with means to enable it to meet the emergency.

Before the article had been printed, the disease was reported to have reached Los Angeles and Pasadena. Since then other foci have been discovered, and it is not improbable that the disease will spread to some extent, although there is no good reason to apprehend a general epidemic. The efforts that are being made by both local and State authorities should surely stamp it out if well and systematically

directed, and there is but little doubt that they will. Immediately upon being armed with the proper authority and means, the State Board of Health proceeded to Los Angeles, where a conference was held with the local authorities, and active measures entered upon for its suppression. The Board also visited San Diego and other points of attack, and in each instance met with hearty co-operation from the proper authorities. It is, therefore, anticipated that the worst is over, and that but few additional cases will occur.

It is undisputed by any good authority that in vaccination we have an absolute preventive, for an individual is no more liable to be attacked with small-pox when well vaccinated, than he is to have that disease a second time. Medical men throughout the State should therefore urge the necessity of immediate vaccination, and should fully instruct their patients in its protective powers. They should also impress upon them the absurdity of the idea, too generally entertained, that by means of vaccination other diseases are frequently introduced into the systems of previously healthy children. For while it is conceded that such an untoward event might *possibly* result, it is known to be *extremely rare*—so rare, indeed, that few have ever seen a well authenticated case.

We hear it frequently stated that the vaccine obtained from the various bovine establishments “is unreliable”—that “it is inert” and “will not take.” Now, while this is frequently true, our experience demonstrates the fact that vaccinators usually scarify too deeply, and do not rub the charged surface of the quill or ivory point sufficiently upon the abraded surface. From one vesicle on the eighth day can be collected a sufficient quantity of lymph to vaccinate at least a dozen children. If applied within a week, this will never fail to take, and in this manner a supply of active virus may be obtained from robust and healthy children which can be used with absolute safety.

G. A. WHITE, M. D., has been re-elected Superintendent of the Sacramento County Hospital.

THE following have been elected members of the Board of Health of Sacramento: J. R. Laine, T. A. Snider, A. E. Brune, G. B. Clow, H. L. Nichols.

WE would remind intending subscribers that the first issue is now almost exhausted. Those who are desirous of having a complete file should make early application.

IN consequence of the meeting of the State Society, the Sacramento Society for Medical Improvement will meet on the fourth Tuesday of April instead of the regular date.

THE meetings of the State Society will be held at B'nai B'rith Hall, 121 Eddy street. The railroad companies have granted a reduction of thirty-three and one-third per cent. on round trip tickets. The steamship companies will give a reduction of twenty-five per cent., which, as the fare includes board, is equivalent to a lower rate on shore. Physicians desirous of availing themselves of these reductions will purchase tickets (first-class, unlimited) to San Francisco. On production of a certificate signed by the Secretary at the meeting, return tickets will be issued at one-third fare. Physicians travelling by Southern Pacific Coast Railroad and Southern Pacific Company must take receipt from agent on purchasing ticket; this will be countersigned by the Secretary of the Society, and on presentation the reduction on return fare will be given. Blank forms will be furnished to members; non-members attending the Society will take agent's receipt. The following hotels have offered a reduction of thirty-three and one-third per cent. on regular rates to members attending the session and their families: Baldwin, Brooklyn, Grand, Lick House, Occidental. Information on these matters can be obtained from the Committee of Arrangements. R. H. Plummer, Chairman, 652 Mission street, S. F.; W. Watt Kerr, Secretary, 522 Sutter street, S. F.

SPECIAL CORRESPONDENCE.

NEW YORK.

[FROM OUR OWN CORRESPONDENT.]

Medical Commencements.—"The Hairy Family."—*Champion Swimmers.*—*Electricity in the Treatment of Epilepsy.*—*Induction Balance and Telephonic Probe.*

It is known that Spring has come in New York, because the medical commencements have begun and the irrepressible Barnum has arrived with his big show. The first commencement of the season was that of the Long Island College Hospital, which was held at the Academy of Music in Brooklyn on the second of March. There were thirty graduates, and the degrees were conferred by the distinguished Brooklyn surgeon, Dr. Joseph C. Hutchison, who has succeeded the late Dr. Dudley as President of the Collegiate Department. Dr. Hutchison was one of the first Vice-Presidents of the New York State Medical Association (organized in 1884), and the first President of the Fifth District Branch of the Association. Next came the commencement of the Medical Department of the University of the City of New York, which was held at the New York Academy of Music March 8th, when the graduates numbered no less than one hundred and fifty-one, and the address to the class was made by the Rev. Dr. John R. Paxton. In the early part of March the commencements of the New York College of Dentistry and the American Veterinary College also came off.

Not the least attractive of Barnum's wonders this year is the hairy family, which, until recently, was owned by the late King Thebaw, of Burmah. The members of the family derive their name from a dense growth of hair which covers the entire body, with the exception of the hands and feet; but is more marked and longer on the face, forehead, nose and ears—in the inner part of the ears reaching to a length of twelve inches. This peculiarity has been transmitted from parent to child for several generations, and is not a sudden freak of nature. The family was held more as royal guests than as captives in the palace of the King of Burmah in the chief city, Mandalay. It was surrounded with secrecy and

mystery, and the members were clothed with supernatural powers in the minds of the people. They were considered to possess the faculty of conferring good luck by King Thebaw and the Nobles of his court. It is said that some years ago an offer of \$500,000 was made for the family by an agent in Burmah, but the offer was declined. The death of Thebaw and the capture of the capital, Mandalay, by the British, led to the liberation of the family, and the expenditure of a sufficient amount of money has secured them for public exhibition. Another attraction that Barnum has secured is Miss Beckwith and her brother, the champion swimmers of the world. They were seen by the writer, not long since, at the Westminster Aquarium in London, and their skill and grace in the water is simply marvelous. Their father has for many years kept some famous swimming baths on the Thames, where from early childhood they have been accustomed to almost live in the water. Their forms are models of symmetry and muscular development, and their noble physique speaks volumes of the healthfulness and value as an exercise of swimming. William Beckwith has performed the extraordinary feat of swimming across the British Channel without any artificial aid; and, when in this country two years ago, his sister actually swam from Long Branch to Coney Island, a distance which no woman ever before accomplished. A city certainly could not spend money better than in the construction and maintenance of free swimming baths that could be used all the year round.

At a recent meeting of the New York Academy of Medicine, Dr. A. D. Rockwell, the leading authority on electrotherapeutics, read a paper on the value of electricity in the treatment of epilepsy, and among the conclusions at which he has arrived are the following:

Electricity possesses a certain value in the treatment of epilepsy. It is not claimed that it can alone cure the disease, but in many instances, it is of great service as an adjuvant to the bromides. In the nocturnal variety, its good effects are especially marked. The methods of application to be used are central galvanization and general faradization. It is important that the agent should be administered with great care. Anything like a shock is to be avoided, and the application should not be continued too long at a sitting. The treatment should be kept up, with suitable intermis-

sions, for two years after the last occurrence of epileptic symptoms.

Dr. Rockwell read a preliminary paper on this subject before the Medical Society of the County of New York in 1878, but it is since that date that his best results have been obtained. The total number of cases of epilepsy in which he has employed electricity is twenty-eight, but in ten of these the patients abandoned the treatment at too early a stage to permit of any deductions being drawn from them. In three cases electricity seemed in no way to assist the action of the bromides; but in all the rest its use was attended with more or less satisfactory results, and in two a permanent cure was effected. Central galvanization he has found very analogous to the bromides in its effects; while general faradization is employed for its constitutional tonic action.

At a meeting of the Academy in February, Dr. John H. Girdner gave a demonstration of the induction balance and the telephonic probe devised by Professor Bell for the detection and location of metallic masses imbedded in the human body. In the induction balance there are two electric circuits—one, the primary, directly connected with the battery employed, and the other, the secondary, or induced with a telephonic receiver. In each there are two coils of wire, the larger ones being designated as exploring coils, and the smaller as adjusting coils. The former, which are simply laid one upon the other, are secured to a large disc of wood provided with a handle which is called the explorer, and is to be moved over the surface of the body in the locality where the metallic mass is supposed to be lodged, while the telephonic receiver is held to the ear of the operator. In the telephonic probe a similar receiver is brought into connection with an ordinary piece of steel laid upon the external surface of the body, and also with a long needle, which is to be inserted into the tissues at the point indicated by the explorer of the induction balance, as that at which the sound in the telephonic receiver of the latter is most distinct. As soon as the point of the needle comes in contact with the metallic mass, a sharp click is heard in the receiver—and the special value of the instrument lies in the fact that this click is never heard when the probe comes in contact with bone or other non-metallic substance. By this means the exact distance of a ball beneath the surface can be ascertained. A most interesting proof of the practical value of the apparatus

in question was made on the ninth of March, in the case of a young woman, of Mount Holly, N. J., who was shot in the head with a pistol more than a month previously, since which time the bullet has remained imbedded in the brain. In this instance Dr. Girdner accurately located the position of the ball with the induction balance, and Dr. Pancoast, of Philadelphia, trephined the skull over the spot, when the telephonic probe was inserted through the cerebral tissue until the click in the receiver indicated that it had reached the ball. In confirmation of the discovery, it was noticed that this portion of the brain was in a highly congested state, and an abscess the size of a walnut was found to be just about where the ball was. On account of the serious condition of the patient, no further interference was attempted at this time, and the abscess being well drained, a drainage tube was left in position, and the wound sewed up. The girl died March 12th, but her death is not attributable in any way to the operation described, as it was only undertaken as a last resort to save her life. It is somewhat disappointing to learn, however, that the location of the bullet, as found at the autopsy, did not correspond with that indicated by Dr. Girdner's apparatus.

P. B. P.

BERI-BERI.—A note appeared in THE TIMES for March that three cases of beri-beri had been admitted to Bellevue Hospital, New York, from a ship clearing from San Francisco. This was taken from the *Medical Record* of January 1, 1887, and had also been copied by the *British Medical Journal*. The name of the ship not being given, it was impossible to make inquiries at San Francisco. An extended report of these cases by DR. J. WEST ROOSEVELT is published in the *Record* (Feb. 19, 1887), from which it appears that the vessel never was at San Francisco, but that the last port of call was the island of *Fernando de Noronha*.

The ship Henry S. Sanford cleared from Hong Kong July 30, 1886, where she had been lying for about two and a half months, the Captain and some of the crew remaining by the ship. Several hands were shipped at that port, including the men who had been admitted to Bellevue. The ship's course lay outside the Islands, through the straits of Timor, and then to the Cape; there was fair weather throughout the passage. From the description of the food, it does not seem

to have been much worse than that furnished in the majority of sailing ships: the bread contained weevils, the water supply was bad, and evidently short, as rain water was collected from the decks during part of the voyage.

There were eighteen persons on board. Of these, twelve were affected. Those who escaped were the Captain's wife and two daughters, the cook, steward and "a Russian prisoner." When three months out, the Captain took sick—"he had dropsy and was unable to leave his berth." He died shortly after leaving Fernando de Noronha, where they had stopped a few hours for a doctor. The carpenter next succumbed; he had ascites, but no œdema of the feet and no paralysis. One of the hands was sick three weeks, and died, having much vomiting. Another, who was admitted to the Hospital and died shortly after, had bloody diarrhœa. There was œdema and marked dyspnœa. The autopsy showed general anasarca, with pleural, pericardial and peritoneal effusion. The second case had been sick forty-five days when admitted, December 10, 1886. There was general anasarca and great pallor; no signs of disease of lungs; liver and spleen normal size. On December 13th he had a severe attack of dyspnœa, death shortly supervening. Autopsy—Clear yellow serum in peritoneal, pleural and pericardial cavities; some congestion of internal organs, together with œdema of mucus membranes; large and small petechiæ on pleura. The third case had been ill six weeks. First symptoms were stiffness and soreness about the ankles, followed by slight swelling. On admission there was general subcutaneous œdema, particularly of lower extremities; low-pitched, blowing systolic murmur over base of heart, venous hum in neck; lungs, anteriorly dull; bases posteriorly flat; liver and spleen normal size. Was ordered iron, bitartrate of potassium, occasional purges and fruit. From December 29th to January 3d there was a run of unaccountable pyrexia. There was continued improvement; January 10th—No œdema; no heart murmur. January 17th (last note)—Complete paralysis of flexors of foot and extensors of toes; considerable atrophy of leg muscles; thigh muscles somewhat atrophic. [Dr. Roosevelt raises the question of diagnosis between beri-beri and scurvy. From our experience we would say that the cases were certainly not true scurvy, and we believe that the diagnosis is correct.—Ed.]

Licentiates of the Board of Examiners.

At the regular meeting of the Board of Examiners, held March 2d, 1887, the following physicians were granted certificates to practise medicine and surgery in this State:

Henry C. Bagg, S. Monica; Berkshire M. Coll., Mass., April 16, '45.
 Henry G. Brainerd, Los Angeles; Rush M. Coll., Ill., Feb. 26, '78.
 Sam'l R. Cates, Pomona; Kansas City M. Coll., Mo., March 6, '83.
 Geo. L. Cole, Los Angeles; Bell. Hosp. M. Coll., N. Y., March 15, '86.
 Frank B. Cone, S. F.; M. Coll. of Ohio, O., March 7, '84.
 Geo. S. Harkness, Stockton; Coll. of Phys. and Surgs. Chicago, Ill.,
 March 11, '84.

Winfield S. Makemson, Bird's Landing; M. Coll. of Ohio, March 7, '84.

Wm. D. McDougall, San Jose; M. Dep. Univ. Buffalo, N. Y., Feb. 21, '82.

N. H. Morrison, Los Angeles; Kansas City Coll. of Phys. and Surgs., Mo., March 2, '80.

Henry L. Wagner, S. F.; Univ. of Wurzburg, Germany, Dec. 17, '84.

John Weddick, S. F.; King and Queen's Coll. Phys., Ireland, Oct. 17, '74; Royal Coll. Surg., Ireland, Dec. 19, '74.

The application of Mrs. P. A. Paine-Lyon, of Santa Cruz, was rejected because of "insufficient credentials."

The *Medical Register* for 1887 is now ready for distribution, and copies can be procured upon application to the Secretary. It contains one hundred and ninety-six pages and the postage is seven cents. Complimentary copies have been sent to every resident licentiate of this Board, to drug stores, public libraries and prosecuting attorneys throughout the State. A part of its mission is to weed out illegal practitioners. A similar distribution of the preceding edition, together with a little vigorous prosecution, reduced the number from four hundred and eighty-five to one hundred and sixty-four in two years.

Copies have also been sent to many medical gentlemen in Oregon, Washington Territory, Nevada and Arizona; to every regular medical college in the United States and Canada, and to Examining Boards, Boards of Health and Medical Societies.

R. H. PLUMMER, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM FEB. 20 TO MARCH 20, 1887.

Asst. Surgeon E. I. Pring assigned temporarily to duty at Fort Union, N. M. S. O. 25, Dept. Arizona, March 3, 1887.

Asst. Surgeon Charles Anderson granted leave of absence for one month, with permission to apply for an extension of one month. S. O. 27, Dept. Arizona, March 8, 1887.

Asst. Surgeon S. T. Weirlick, relieved from temporary duty at Fort Huachuca, to proceed to Fort McDowell for temporary duty. S. O. 29, Dept. Arizona, March 15, 1887.

Major P. J. A. Cleary, Surgeon, granted leave of absence for twenty days. S. O. 29, Dept. Arizona, March 15, 1887.

Public Health.

Reports from Cities on the Pacific Coast of 10,000 inhabitants and upwards, for the Month of February, 1887.

CITIES.	Population.	Annual Rate per 1000.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oakland.....	46,000	10.69	41	6	11	18	3	2	....	1
Sacramento	30,000	22.40	56	6	12	31	....	1	2	4
San Francisco.....	280,000	19.33	451	57	97	176	48	29	44	....
San Jose.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stockton	15,000	14.40	18	3	4	10	1	....	.....	.....

METEOROLOGY.

STATIONS.	TEMPERATURE.			RAINFALL.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	No. days Rain fell	Total Rainfall.	No. of Days			Prevail- ing direction	
						Clear.	Fair.	Cl'dy.		
Los Angeles, Cal.....	66.0	48.0	56.5	3	0.26	17	9	2	W.	Lieut. Maxfield, U. S. S. C.
Red Bluff, Cal.....	62.0	38.7	52.3	8	1.40	14	9	5	N.	"
Sacramento, Cal.....	63.3	41.0	52.2	8	1.44	19	6	3	N. W.	"
San Francisco, Cal....	61.0	44.3	51.7	8	1.54	14	9	5	W.	"
San Diego, Cal.....	62.7	49.3	55.3	2	0.9	18	7	3	N. W.	"
Santa Barbara, Cal....	81.0	37.0	54.0	2	0.19	19	6	3	. W.	Hugh D. Vail.

For Month ending March 20th, 1887.

CLEAR DAY—One on which cloudiness is 3 or less on a scale of 10.

FAIR DAY—One on which cloudiness is from 3 to 7.

CLOUDY DAY—One on which cloudiness is over 7.

In temperature columns (S. C. Reports), "highest" and "lowest" is the highest and lowest *daily mean*.

The Sacramento Medical Times.

Vol. I.

MAY, 1887.

No. 3.

ORIGINAL ARTICLES.

A CASE OF BINOCULAR HEMIOPIA. *

By WM. ELLERY BRIGGS, M. D.,
Sacramento, Cal.

Mr. M—— first consulted me on March 20, 1884, through the advice of Dr. Rooney, of Auburn. He was fifty-three years old and had followed the occupation of mining for more than twenty years. Previous health good; had had typhus fever many years ago; denied having had syphilis.

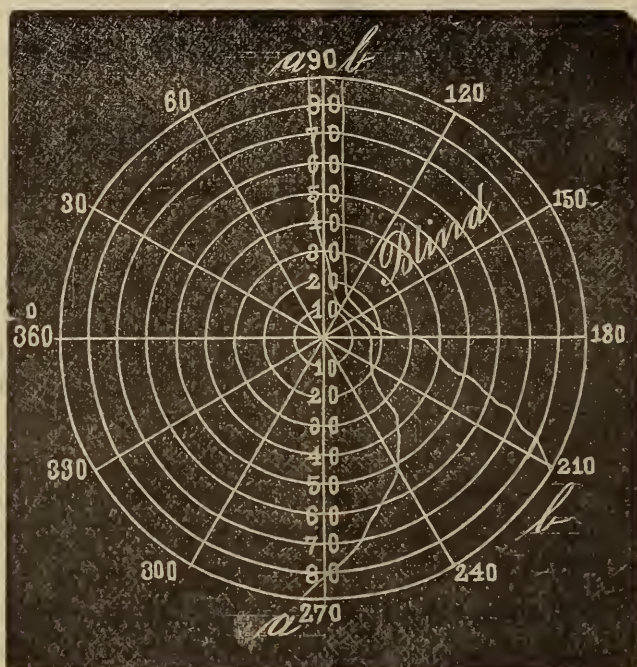
In the night of December 30, 1883, having retired in perfect health, he awoke with intense pain in the back of head. The pain kept him awake more than an hour, after which he got some rest. On rising next morning he found that the right side of both fields of vision was entirely blank. He remained free from pain for nearly three weeks, when it returned in the same location, accompanied with shooting pains which extended to the sides and top of head and incapacitated him for work. The shooting pains were not constant, but would come on three or four times a day, continuing with more or less severity for half an hour or an hour. During the attacks of intense pain he became dizzy, and was compelled to sit or lie down, the eyes were red, and the vision was more obscured. The frequency of the recurrence and the intensity of the pain gradually lessened and finally became localized in the left occiput.

As is usual in cases of hemiopia, an ophthalmoscopic examination revealed no pathological condition of the fundus. The optic disc was perhaps a little paler than it is generally seen, but not sufficiently so to indicate a diseased condition.

*Read before the Sacramento Society for Medical Improvement.

The vision of right halves of retinae remained nearly perfect, patient being able to read Jaeger No. 1, with convex glasses 3.50 D.

When the patient first consulted me, I took charts of his visual fields, which are presented. The extent of blindness when first seen is represented by lines "a" in the charts, and when last seen the lines of demarcation between healthy and blind portions of the fields is represented by "b." The ex-



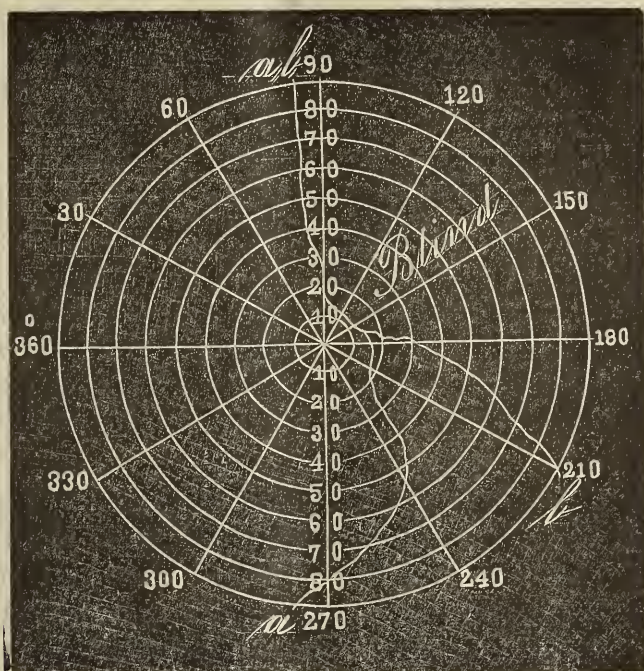
RIGHT EYE.

tent of the blind parts of the visual field at first examination was nearly the same, and the line of demarcation was almost vertical. The defect was remarkably symmetrical, and the condition after treatment showed that each eye had improved about the same extent. The defect in the left eye was a little greater than that in the right.

Under Dr. Rooney's direction the patient for some weeks had taken the iodide and bromide of potassium. The iodide was continued for a fortnight, when hypodermic injections of strychnine into the temples, one-sixtieth of a grain daily, was substituted. From six to eight cells, Léclanché, were used, one pole being applied to the closed lids, while the other was placed on the cervical region posteriorly close to the occipital bone. The sittings were daily, of eight minutes duration, the poles being alternated. The pain had nearly disappeared at

the end of three weeks' treatment. At the end of eight weeks the vision had improved, as represented by lines "b" in the charts. The patient returned to the mines, where he was accidentally killed about a year later. I was informed by a friend that his vision remained about the same, as when he discontinued treatment, up to the time of his death.

Cases of hemiopia are of great interest in relation to the disposition of the nerve fibres in the chiasm, and also in giv-



LEFT EYE.

ing a clue to the location of the visual centres. There are two views entertained in regard to the arrangement of the nerve fibres at the commissure. A few still believe that all the fibres cross—those of the left optic tract making the right optic nerve and *vice versa*. This, however, is not supported by pathological and clinical facts, and the partial decussation theory is now generally accepted.

Symmetrical binocular hemiopia with the line of demarcation between healthy and blind portions of the field vertical, and reaching nearly to the visual centre, which are frequently seen, can be satisfactorily explained only upon the theory of partial decussation. If there was complete decussation, a blood clot or tumor pressing on the nerves at the chiasm would be as likely to produce a horizontal as a vertical defect in the visual field, which clinical observation proves is not the case.

The partial decussation theory coincides much better with clinical, pathological and experimental research. According to this theory, the lateral or external parts of the retinae are extensions of the optic tract of the same side, while the internal or nasal portions are supplied from the optic tracts of the opposite sides. The crossing fibres reach not only to the centre of the retinae, but also extend as far as the fovea centralis retinae, vertically. The fibres supplying the lateral portions of the retinae, which come from the optic tracts of the same sides, do not supply as large a portion of it as those which cross at the chiasm and supply the internal parts. The former supply about 60° and the latter about 90° of the visual field, or relatively as two to three, which would indicate that about three-fifths of the fibres cross.

There are frequent variations in the division of the visual field in hemiopia. Usually the line of demarcation between healthy and diseased retinae is vertical, just avoiding the fovea. This may be due to a corresponding variation in the decussation of the nerve fibres. There are often irregularities in the distribution of the cutaneous nerve filaments, and the same may be true in regard to the optic nerve fibres.

Blindness of a single eye, not due to ocular disease, must be dependent on interruption of the function of the optic nerve between the eye and the chiasm. This may be caused by disease of the nerve itself or pressure upon it. Temporal hemiopia is due to disease at the chiasm affecting the fibres which cross and supply the nasal halves of the retinae. Its most common cause are tumors, disease of the third ventricle and inflammation. Nasal hemiopia is very rarely seen, but may be caused by disease destroying the function of the fibres at the chiasm which do not cross, and which supply the temporal halves of the retinae. Disease in the course of the optic tract or at its origin will produce symmetrical hemiopia.

Experimental researches in regard to the location of the psychic visual centres have been made upon dogs by Munk, and by Ferrier, Charcot, Munk and others, by clinical and pathological examinations. Munk believes this centre to be located in the occipital lobes, each visual centre connecting with each retina, while Ferrier's investigations have led him to locate it in the angular gyrus. The former view of Charcot of a second decussation of the lateral fasciculi through the corpora quadrigemina is now discarded.

Dr. Seguin tabulates forty-six cases of hemiopia in the *Journal of Nervous and Mental Diseases* of January, 1886, and arrives at the following conclusions :

“1. Lateral hemiopia always indicates an intra-cranial lesion on the opposite side from the dark field.

“2. Lateral hemiopia, with pupillary immobility, optic neuritis or atrophy, especially if joined to symptoms of basal disease, is due to lesion of the optic tract, or of primary optic centres on one side. This diagnosis may be further strengthened and rendered quite certain, by seeking for and finding one-sided pupillary re-action, as recently suggested by Wernicke. He ingeniously predicts that one lateral half of each iris will be found to contract by the reflex effect of light when one optic tract has been interrupted. He designated this as ‘hemiopic pupillary re-action.’

“3. Lateral hemiopia or sector-like defects of the same geometric order, with hemianæsthesia and choreiform or ataxic movements of one-half of the body, without marked hemiplegia, is probably due to lesion of the caudolateral part of the thalamus, or of the caudal division of the internal capsule.

“4. Lateral hemiopia, with complete hemiplegia (spastic after a few weeks) and hemianæsthesia, is probably caused by an extensive lesion of the internal capsule in its knee and caudal part.

“5. Lateral hemiopia, with typical hemiplegia (spastic after a few weeks) aphasia if the right side be paralyzed, and with little or no anæsthesia, is quite certainly due to an extensive superficial lesion in the area supplied by the middle cerebral artery. We would expect to find softening of the motor zone and of the gyri lying at the extremity of the fissure of Sylvius, viz : the inferior parietal lobe, the supra-marginal gyrus and the gyrus angularis. Embolism or thrombosis of the Sylvian artery would be the most likely pathological cause of softening.

“6. Lateral hemiopia, with moderate loss of power in one-half of the body, especially if associated with impairment of muscular sense, would probably be due to a lesion of the inferior parietal lobe and gyrus angularis, with their subjacent white substance penetrating deeply enough to sever or compress the optic fasciculus on its way to the visual centre.

“7. Lateral hemiopia without motor or common sensory

symptoms. This symptom alone is due, I believe, from convincing evidence, to lesion of the cuneus only, or of it, and the gray matter immediately surrounding it, on the mesial line of the occipital lobe in the hemisphere opposite to the dark half fields."

TWO CASES OF FRACTURE OF THE BODY OF THE SCAPULA.

Reported by A. B. McKEE, M. D.,
Sacramento, Cal.

In view of the relative infrequency of fractures of the scapula, as compared with solutions of continuity in other parts of the osseous system, two such cases applying for treatment at the Railroad Hospital may be deemed worthy of record.

Case I.—Hosp. Records, vol. i, p. 188. J. B.—, æt. 25, a passenger upon a car which was wrecked by a collision on the last day of October, 1884. Patient was hurled violently against a car stove, receiving the entire force of the concussion upon the posterior aspect of the left shoulder; and found immediately afterward that he was unable to raise the arm, and that any movement of the affected member occasioned great pain. Upon his admission to the hospital, it was found that he had sustained a fracture of the body of the left scapula about an inch above its apex. The fragments were maintained in apposition by compresses and broad adhesive bands, and the case recovered without deformity.

Case II.—Hosp. Records, vol. iv, p. 189. D. C.—, a laborer, æt. 60, through a mis-step on the night of the 28th of January of the present year, was precipitated from a height of about ten feet. Upon his arrival at the hospital, patient was suffering from intense dyspnœa, the respiration being almost wholly abdominal in character, and each inflation of the lungs being accompanied by severe pain in both axillæ. There was also complete loss of power in the right arm and inability to make any of the movements calling into action the muscles of the upper extremity of that side.

Examination resulted in the discovery of fracture of the sixth rib on either side, also of the clavicle at the junction of its inner and middle thirds, and likewise a well-defined fracture of the body of the scapula midway between its spine and apex. The patient's injuries were complicated by a severe

attack of bronchitis, accompanied by the secretion of large quantities of muco-pus, and the respiratory functions were thereby seriously embarrassed.

The treatment carried out was essentially the same as that pursued in the prior case. Strict maintenance of the dorsal position was enjoined, in order that repair of these multiple fractures might ensue with the least possible deformity. The severe shock and depression following the accident yielded to a liberal allowance of stimulants; and, notwithstanding the very critical condition of the patient for several days, he is now convalescent. The site of fracture is marked only by a slight prominence.

That fractures of this character are by no means of frequent occurrence in civil practice is evinced by the following facts: Out of a total number of 2358 fractures of various kinds seen by Malgaigne at the Hotel Dieu, there were but four cases of fracture of the scapula. Lonsdale collated 18 cases of this injury from a total of 1901 fractures at the Middlesex Hospital. Hamilton saw but eight cases; and Agnew, from whose works these statistics are taken, had treated only one-half that number. The records of the Pennsylvania Hospital, for a period of forty-four years, show that one per cent of fractures were of this variety, and that in less than one-fourth of these lesions the fracture was confined to the body of the bone.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.

INTRACTABLE VOMITING OF PREGNANCY.—CHAZAN reported to the Gynæcological Society of Dresden (November 4, 1886) the following cases of intractable vomiting:

1. A woman, toward the third month of each of two pregnancies, was taken with incoercible vomiting, which was attributed to retroflexion of the uterus. After restoration of the uterus and the introduction of a ring pessary, the vomiting ceased and pregnancy pursued a perfectly normal course.

2. A woman of twenty-eight years approaching the third month of her fourth pregnancy was taken with grave vomit-

ing. Notwithstanding repeated examinations, Chazan could discover no anomaly of the genital organs. Prolonged observation of the patient, however, revealed the fact that she was greatly disheartened by her new pregnancy and was extremely desirous of interrupting it. The vomiting sometimes came on brusquely, and if the patient's attention was engaged in conversation, was completely arrested for one or two hours; it then returned. After much absolutely futile treatment, a new examination was made under chloroform. From this time the vomiting ceased permanently. Why? Because, as was learned a little later, the patient believed the ovum to have been removed.

On this observation Chazan bases the hypothesis that in the majority of cases intractable vomiting depends either on a general disease of the nervous system or on psychical disturbances, and not on anomalies of the genital organs.

Leopold divides the cases of intractable vomiting during pregnancy into three groups: 1. Those in which there exists a deviation of the uterus; in this group vomiting is due to exaggerated pressure on the nervous plexus and excessive distension of the muscular wall. 2. Those in which the vomiting is due to disease of the stomach. 3. Those in which it is impossible to discover any material lesion, in which it is necessary to assume the existence of some pathological condition of the nervous system.

If possible, the *cause* of the vomiting should be ascertained. Abortion should not be provoked except on concurrence of counsel, especially since after abortion not only has the vomiting continued in some cases, but even death has also resulted. He recommends the treatment extolled by Cr  d  —absolute repose and the administration every five minutes of a coffeespoonful of nourishment—preferably iced milk.—*Annales de Gyn  cologie*, February, 1887.

ORIGIN OF THE UTERINE SOUFFLE.—By thorough investigation, DR. PAUL WEHNER is able to confirm the generally accepted opinion that the uterine souffle proceeds from the large branches of the uterine and those of the spermatic arteries. Through the extremely thin abdominal walls of a multipara, with very pendulous abdomen and marked diastasis of the recti, he observed a large, tortuous, distinctly pulsating vessel that extended up the uterus to a level with the umbilicus and there divided into two branches. On auscultation

of this vessel he could hear a whirring murmur, synchronous with the maternal pulse, extending to the left border of the pelvic inlet, disappearing instantly on compression of the vessel and also on lowering the arterial tension by narcosis. It was higher in pitch and more ringing during "pains," and gradually disappeared within two days after labor.—*Centr. Bl. f. Gynækol.*—*Schmidt's Jahrbuecher*, B. 213, No. 2.

PERMANENT DILATATION OF THE UTERUS.—Under this name Dr. VULLIET, of Geneva, has devised a procedure, which he describes as follows :

The patient is put in the knee-elbow position, the cervix brought into view by a Sims' speculum and the calibre of the cervical canal determined. Stricture and flexion, if present, are corrected. Cotton-wool tampons, from the size of a pea to that of an almond, armed with a thread and dipped in a ten per cent ethereal solution of iodoform and dried are then introduced to the fundus ; these are followed by others, until the uterine cavity and cervical canal are completely filled. At the end of twenty-four hours the tampons are all removed and new and larger ones are introduced in their stead. By eight or ten repetitions of this procedure, the cavity is so enlarged that it may be easily inspected in its whole extent. To hasten dilatation laminaria tents are used from time to time with the tampons. For this procedure the author claims the following advantages : (1.) It opens up the entire uterine cavity to direct inspection. (2.) It permits the maintenance of dilatation as long as may be desirable. (3.) Antiseptic medication by means of the tampons is effective in the treatment of virulent intra-uterine disease.

He recommends it especially in chronic endometritis, in many forms of fibroid and in cancer. In chronic endometritis, after having dilated the uterus according to his method, he scrapes the mucous membrane thoroughly with the sharp curette and re-packs with the iodoform tampons. In submucous fibroids after dilatation, he incises the mucous membrane covering the tumor, whose further enucleation he commits to the contractile powers of the uterus, stimulated by ergotine and electricity. Vulliet has applied this treatment to thirteen cases of cancer ; in nine of these the disease was extensive and incurable ; in four it was circumscribed. In the former, scooping out of the neoplasm with subsequent

cauterization was only palliative; in the latter, the diseased tissue was removed and the patients pronounced cured.

A committee, consisting of Mm. Tillaux, Cusco and Charpentier, was appointed by the Paris Academy of Medicine to investigate this method. Charpentier reports that Vulliet's procedure is not applicable to all cases, and not even to all of those indicated by Vulliet himself. Ignoring its tediousness, the pain of this procedure is occasionally so great as to necessitate its abandonment. If dilatation succeeds, it reveals the uterine cavity to touch and sight. Dilatation may be maintained indefinitely without injury to the patient; women may perform their household duties for months with a permanently dilated uterus. The favorable results of this method in infectious processes are explained by the strict antiseptics, which can not be so well attained in any other way. Whether, in the treatment of cancer, the hopes of the author will be realized, the future must determine.—*Bull. de l'Acad.: Schmidt's Jahrbuecher, B. 213, No. 2.*

ETIOLOGY, PATHOLOGY AND CLASSIFICATION OF SALPINGITIS.—In a vigorous reply to Mr. Lawson Tait's manifesto, DR. SAENGER, of Leipsic, says that the pathological anatomy and the course of salpingitis can be understood only when we bear in mind the theories of infection. The whole sexual tract from the ring of the hymen to the ostium tubæ abdominale is open to the entrance of the external air as well as of the germs suspended in it and of the carriers of infection coming from the abdominal cavity itself. Even microbes originally lodged in the external parts, in the vagina around the cervix, may, by way of the lymphatics, reach the peritoneal cavity, and thence gain entrance into the tubes. It has been clearly proven that pathogenous micro-organisms pass from the external parts to the tubes and the peritoneal cavity. These organisms have been accurately studied in part, and it is well known that different kinds produce distinct forms of salpingitis and secondarily pelveo-peritonitis. Our present knowledge of these pathogenous micro organisms enables us to divide them into three groups:

Group 1—Forms of salpingitis produced by known specific microbes.

(a) *Salpingitis Gonorrhoeica*.—Produced by the gonococcus of Neisser. This is, without doubt, the most frequent as was clinically established by Noeggerath as early as 1872. It is

never followed by destructive suppuration of the uterine appendages. The walls of the tube may be distended and thinned by the accumulation of pus, finally forming a considerable sack, or they may become thickened and rigid—more frequently the former at their abdominal, and the latter at their uterine extremity.

(b) *Salpingitis Tuberculosa*.—This is to be distinguished from the mere caseation of pus in purulent salpingitis, whether gonorrhœal or otherwise. A pyo-salpynx may remain indefinitely in the third stage (that of caseation now termed coagulation-necrosis by Cohnheim-Weigert), but it will never become tuberculous, except through infection by the bacillus tuberculosis.

(c) *Salpingitis Actinomycotica*.—Adolph Zemmann has reported a case of this form of salpingitis in which the tubes were dilated and filled with pus and chunks of the actinomyces; their walls were thickened, and exhibited numerous granulations produced by the fungus.

Group 2—Forms of salpingitis due to specific microbes identical with those producing traumatic infection.

Salpingitis Septica (pyæmica, ichorosa, purulenta, diphtheritica).—Notwithstanding the progress made in bacteriology, we have not yet succeeded in isolating and classifying the microbes which cause the clinically different forms of traumatic infection; consequently, it is impossible to do this with regard to the different forms of salpingitis septica, which is a generic rather than a specific term. Two points, however, are to be considered fundamental: (1) The microbes of puerperal septicæmia are identical with those producing traumatic inflammation in general. (2) All suppuration is due to the action of microbes—several varieties of these, like the streptococcus pyogenes and staphylococcus pyogenes, have been closely studied, but it is known that they are not the only varieties that produce pus. As doubtless all these carriers of infection may play a role in the production of salpingitis, we can readily see how complicated the question of infectious diseases of the tubes has become, and how unscientific and untenable is the meaningless term pyo-salpynx.

Group 3—Forms of infectious salpingitis produced by specific, but as yet unknown microbes.

(a) *Salpingitis Syphilitica*.—This form has been described by Bouchard and Lépine (*Gaz. Med. de Paris*, No. 41, 1886).

Both tubes were swelled to the thickness of fingers, and contained three gummata of the size of hazelnuts.

(b) Occasionally we find in young girls, who have never had intercourse with man, tubes filled with pus in connection with pelveo-peritonitis. This has been accounted for in various ways: as a serous catarrh intensified and changed to a purulent inflammation: as a suppuration due to catching cold during menstruation, or to a trauma. These cases are always infectious, usually gonorrhœal. — *Am. Jour. Obst.*, March, 1887.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

STRICTURE OF THE URETHRA—Among the latest contributions to the literature of stricture treatment is a most valuable paper by DR. F. N. OTIS "on some important points in the treatment of deep urethral stricture," published in the *New York Medical Journal* February 19th, 1887. The main points developed in the article are as follows:

The importance of urethral strictures is augmented as their distance from the meatus increases. The difficulties and dangers attaching to strictures of the deeper portions of the urethra are to a great extent absent in those anterior to the bulbous region. Less than ten per cent. of all strictures lie beyond a point four inches from the meatus. Careful examination by means of the urethrometer and bulbous sounds enables the surgeon to locate precisely a given stricture. Thus cases are readily classified as of little or great importance. Diagnosis by *symptoms* alone leads to fatal errors in treatment, whether by dilatation or division. Where recourse is had to dilatation, the lesion not being accurately located, disasters often ensue through unnecessary interference with the membranous portions of the canal. The chief dangers of gradual dilatation, the lesion being in the penile portion of the urethra, proceed from the fact that epididymitis, orchitis, abscess of testicle, urethral fever, prostatitis and prostatic abscess are not infrequently induced thereby. Spasmodic strictures of the membranous portion attendant upon organic lesions of the penile portion are known to have been unnecessarily divided, as a consequence of error in diagnosis. The author cites a case at considerable length in support of

his statement that radical treatment of a close organic stricture in the bulbous urethra will in many instances remove all evidences of a similar lesion beyond that point.

To avoid external urethrotomy in cases which refuse to admit the smallest guide of Maisonneuve's instrument, Dr. Otis employs successfully a miniature affair of similar pattern. In operations on deep strictures as on those located anteriorly, complete division is essential to radical cure. Furthermore, the division of all *anterior* strictures is necessary for the cure of deep strictures. In support of this is quoted Sir Henry Thompson's maxim, "If you cut at all, cut all."

EXCISION OF THE KNEE JOINT—The incision is best made in a straight line from the posterior border of one condyle to a corresponding point on the opposite side, over centre of the patella, the joint being opened by dividing the bone (patella) with a saw, and removing the two portions separately. The section of the bones must be made to fit accurately when in apposition. This can best be done by holding first the thigh and then the leg in a vertical position, the saw being applied horizontally. Diseased structures must be entirely removed either by the saw, by a scraper or a gouge, special respect being paid to the condition of the superior cul-de-sac of the synovial pouch. The femur and tibia are held in apposition by No. 3 catgut, instead of by wire. The wound is then supplied with drainage material and dressed antiseptically.—A. F. MCGILL, *Lancet*, American reprint, March, 1886.

NERVE SUTURE—Upon this subject DR. M. H. RICHARDSON, in the *Boston Medical and Surgical Journal*, October 21st, 1886, expresses the following views:

Sutures should be employed whenever important nerves are divided, because no serious results attributable to the operation have been recorded, and because it is only in this that we can hope for a primary reunion. In primary suture, as it is often difficult to find the ends of the divided nerve, the dissection should be made well above and below the injury, where normal relations are preserved. If it be necessary to renew the ends of nerve stumps, a sharp bistoury should be employed instead of scissors, for reasons that are obvious. Both ends should then be stretched so that the

united trunk may lie loosely along the wound floor. Too great shortening of the nerve, say an inch, is unsafe.

The suture may be applied by the direct method through the nerve itself, or by the perineuritic method through the sheath only. Although most surgeons, believing that more thorough union of stump surfaces is effected thereby, favor the former, Dr. Richardson's preference is for the latter, upon the ground that perfect union is attainable by it with less damage to the nerve fibres. The material may be of silk or gut, but silk is regarded as superior. The following is the author's description of his plan of procedure :

"The nerve having been elongated as much as possible without injury to the stump, the ends are let fall into the bottom of the wound in the position they will naturally assume. This will give the anterior surfaces. A fine cambric needle is passed through the sheath, about one-eighth of an inch from its cut edge, towards the end of the stump. It then is passed beneath the sheath of the other stump through its open end, and emerges one-eighth of an inch from its edge. The knot is tied and the long ends of the thread left. The assistant takes these long ends and pulls gently away from the operator. This rotates both stumps enough for the placing of the second stitch. This in turn is pulled, and the next applied. In this way the nerve can be turned enough to place the stitches into the posterior surface. The operation is completed by starting in the centre in front again and rotating the nerve in the other direction. The line of suture made in this way is as perfect as can be imagined. Its strength exceeds that of the direct method, and it may be relied upon to hold the nerve ends together until union is completed. The prognosis is favorable in nerve suture when union by first intention takes place, though months or years may elapse before the function of the nerve is restored."

INTESTINAL EXSECTION AND SUTURE.—In the *New York Medical Journal*, March 19, 1887, DR. JOHN A. WYETH reports a successful case of exsection of a portion of the ileum for strangulated femoral hernia, attended with gangrene of the gut. The operation was done thirteen days after the establishment of a temporary fistulous opening over the hernial seat. The report evinces most admirable skill and ingenuity on the part of the operator, and the surgeon who expects to undertake a similar task will derive much

profit in its perusal. Attention is here directed to a few of the most notable features in the case, as follows :

The loop of gut engaged in the hernial sac having been exposed, it was held firmly by two clamps, one placed close to the internal ring and the other at sufficient distance from it to admit of division of the intestine between the two. As the clamp closing the exsected portion was removed, the ring was carefully packed with sponge. The normal gut, with one clamp attached, was drawn out and laid in warm aseptic towels. At a point five inches from the line of division above and below, a tape was placed round the gut and tied so as to cause perfect closure of the canal. After removal of the clamp, the opening into the canal was found to occupy two-thirds of its circumference. The gut was then cut across at each extremity of the opening, the lines of incision being carried on into the mesentery until they met at a common point. Thus a V-shaped segment of the mesentery was included in the exsected tissue. The cavity of the gut up to the tapes was then carefully cleansed, and the cut ends brought together and sutured, together with the divided edges of the mesentery. Three varieties of intestinal suture were employed, viz : (1.) Through the mucous membrane alone—Czerny's. (2.) That through the peritoneal coat only—Lembert's. (3.) One which pierces the peritoneal coat and, passing along with the muscular layers, comes out on the free border of the divided gut. This is called the *intermediate suture*. The ring of intestine occupying the femoral opening was then engaged by two strong silk ligatures, the ends being brought out through the old sinus. Traction upon these threads everted the mucous membrane, the peritoneal surfaces were brought together and the femoral opening was closed. The abdominal opening was sutured, and the patient went on to perfect recovery. Throughout the operation, which lasted four hours, strict attention was paid to antisepsis and cleanliness.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

APOMORPHINE AS AN OCULAR ANÆSTHETIC.—Dr. STOCQUART, following in the steps of Ludwig and Bergmeister, has published the results of his investigations in regard to the local anæsthetic properties of this drug in the *Journal des Sciences Medicales de Lille*. He found that eight minims of a two per cent. solution instilled into the eye of a cat produces profound anæsthesia of the cornea and conjunctiva, coming on within five or six minutes after instillation and lasting for a similar length of time. At the moment of, and during anæsthesia, there was marked dilatation of the pupil. Twelve minims produced similar effects on man. There was slight nausea and some dryness of the conjunctiva afterwards. The conclusion arrived at by Stocquart, after summing up his results, is that in external affections of the eye apomorphine is capable of rendering real service worthy of comparison with that of cocaine. Its utility in cases of foreign bodies, such as sand, cinders, etc., penetrating the cornea, is incontestible. It suppresses the annoyance and pain caused by the oculist in his efforts to control palpebrary spasm. In like manner it is of service in cases of phlyctenular conjunctivitis or scrofulosis of infancy, where it diminishes photophobia by enabling the patient to better support the light, and soothing the pain. In short, in minor operations on the external eye, Stocquart claims that apomorphine is a veritable rival of cocaine. But while all this may be true, the constant downward price of cocaine, and the very low figure at which the pure article is now furnished, have removed the necessity for finding a cheaper substitute.—*St. Louis Med. and Surg. Jour.*, April, 1887.

UNDEVELOPED SEXUAL ORGANS ASSOCIATED WITH CONGENITAL DEFECT OF THE TONSILS.—At the October meeting of the Clinical Society of London, MR. PEARCE GOULD exhibited “a case of undeveloped sexual organs associated with congenital defect of the tonsils.” The patient was twenty-seven years of age, over six feet high, slender, with fair, soft, smooth skin, a boy’s voice, and no hair on his face. The penis was small, the testicles were both quite small, but the right epididymis was thickened, which Mr. Gould attributed to a blow on the part when the boy was eleven years of age.

The prostate could scarcely be felt through the rectum, and seminal vesicles could not be distinguished. The man had no sexual desire; the only sign of sexual activity was occasional slight priapism. There was an oblique inguinal hernia on the right side. The pillars of the fauces were close together, and only very small tonsils could be seen or felt between them. Mr. Gould said the case raised the question whether there was an intimate connection between the tonsils and the testicles. It was a popular notion that excision of the tonsils before puberty endangered virility, and Dr. Shorthouse, quoted by Dr. Ogle, was named as a writer who spoke of such an effect as a matter of common observation. The shrinking of enlarged tonsils, and the cessation of repeated attacks of tonsilitis at puberty, were adduced in support of the influence of sexual maturity upon these organs. On the other hand, in Zanzibar, where all boys have their tonsils excised, the testicles were well developed, and the operation was now so common that, were it liable to be followed by such a grave result as non-development of the sexual organs, abundant evidence of this fact would be forthcoming. The removal of an enlarged organ was different from its imperfect development, and might be attended with different results. Mr. Gould had seen two women with absent or undeveloped ovaries, and in whom the tonsils were of full size; and Dr. Langdon-Down, who had seen many cases of imperfect sexual development, has not observed any associated change in the tonsils.

The President, Mr. Bryant, and other speakers expressed the opinion, that there was nothing to support the view that there is any real connection between atrophy of sexual organs and atrophy of the tonsils.—*Journal of Laryngology and Rhinology*, January, 1887.

THE CURE OF REPEATED ATTACKS OF ACUTE GLAUCOMA BY INSTILLATION OF ESERINE, COCAINE AND Pilocarpine INTO THE EYE.—In the *Revue Clinique d'Oculistique* for January, 1887, Dr. H. ARMAGNAC reports a case in which several recurrent attacks of acute glaucoma were cured by the use of eserine, cocaine, and later of pilocarpine, without resorting to the usual operation of iridectomy. He had reported in a previous number of the same journal similar cases. The knowledge of the beneficial effect of myotics in this disease is not new, and the pathology of the disease would lead us to

expect that a remedy which draws the iris strongly from its angle would lessen the intra-ocular tension by accelerating the transudation of the intra-ocular fluids. Atropine, by its tendency to close the angle of the iris, has frequently been the direct cause of an attack of glaucoma. Dr. Armagnac's patient was a man of sixty-six, a bachelor, of excellent health, who had up to the present, in spite of his age, enjoyed life as happily as a boy. For eighteen months previous he had noticed that after being annoyed or angry he frequently had a mist before the right eye. This mist occupied the whole visual field except the point of fixation, and continued for some time, when it would disappear for a few hours again.

For fifteen days previous to the 16th of July, 1886, when the doctor first saw him, the fog appeared during the day and disappeared during the night. The vision was always good on rising in the morning. Color vision good; the visual field intact; ocular tension normal. Ophthalmoscopic examination revealed nothing abnormal in the fundus; the iris appears to be projected strongly forward and hugs the posterior surface of the cornea. The anterior chamber was consequently very shallow. The vision of the left eye, owing to injury, had been imperfect from childhood. The patient smoked excessively.

Not being able to find any distinct disease, the doctor advised good general hygiene, and to discontinue smoking. Eight days later Dr. Armagnac was called, and found the patient very restless. The fog before the right eye, which had ordinarily not appeared until evening, was present this morning at rising, and he saw rainbow colored circles about the lights. The eye was not red nor painful, but the aqueous humour was cloudy; the pupil was oval with greatest diameter vertical; tension +2 vision less acute than at previous examination. Fearing that he had to deal with the beginning of an attack of glaucoma, the doctor dropped a solution of cocaine into eye, and ordered him to remain in the room and diet himself. The next day the pupil was still dilated and oval, the aqueous humour cloudy. Towards three o'clock the previous night the patient began to suffer severe pain in right eye and in periorbital region. The eye had become red and lachrymating. The anterior chamber was very shallow. The cornea was slightly opalescent, but retained its normal sensibility. Tension still remained at +2. Rainbow

colored circles continued to be seen about the flame. Vision notably diminished. Notwithstanding the severity of the symptoms, which incontestibly indicated an attack of acute glaucoma, and which would usually have been treated by an immediate surgical operation, the doctor determined to adopt measures which had been successful in previous cases. With the exception of two or three drops of cocaine, which had been used the day before, no treatment had been used. He now ordered a solution of sulphate of eserine, 1 to 200, to be dropped into the eye during the day: luke-warm emollient applications and a saline purgative. The day following, July 26th, the pain had completely disappeared the previous evening; the eye was less red; T. scarcely +1; vision same as yesterday. Three drops each of eserine and cocaine daily. July 27th the sight appeared to be a little better; eserine discontinued. July 28th: pupil widely dilated; on the lens a white star-shaped exudation can be seen, which was not present at the first examination; ophthalmoscopic examination reveals nothing abnormal at the fundus, no perceptible excavation of the optic disc; vision improved; the eye less red.

During the following five or six days improvement continued; the vision and ocular tension became normal. The recovery seemed complete. The anterior chamber continued shallow. A solution of nitrate of pilocarpine, 1 to 200; one drop every evening was ordered. The eserine and pilocarpine were used alternately for three months, and for three months more eserine and cocaine were continued. At that time the condition seemed satisfactory, with the exception of a conjunctivitis and eversion of the lachrymal punctum, and the doctor discontinued the drops in order to treat the conjunctivitis. At the same time he ordered lead lotion and a poultice of powdered marsh mallow roots to be applied during the night. The next morning the eye was attacked with a recurrence of the glaucoma. The myotic was ordered again in conjunction with cocaine and the poultice. The day following, October 16th, there was marked improvement. Two drops of eserine and one drop of cocaine during the day. The improvement continued during the next few days. The eserine and pilocarpine were used alternately, and the conjunctivitis was also treated. The vision became good again, the healing seemed perfect, and since that time there has been no fresh attack.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.,

ANTIFEBRIN.—DR. H. EISENHART (*Mun. med. Wochenschr.* p. 47, vol. xxxiii), gives us these results, obtained by the use of antifebrin in the Munich Medical Clinic. Thirty cases were treated. Of these, six were typhoid, and six acute rheumatism. The doses given varied between .25 and .5 gm., as a greater quantity is unnecessary. The best method of administration is in wafer or given in alcoholic liquor. The remedy is well borne—has no unpleasant after effects and is almost, without exception, effective. It was also observed that, in addition to the reduction of the fever, those cases of typhoid treated by antifebrin, pursued an unusually easy course.

DUJARDIN BEAUMETZ, in the meeting of the Société de Therapeutique, October 27th, 1886, (*Bull. et Mem. de la Societe de Ther.*, p. 22, vol. xvii), reported his experiments with antifebrin. He deprecated its occasional and, at times, unexpectedly energetic effect. In one case .5 gm. caused a rapid fall of three degrees and a general cyanosis. He holds as probable its specific nature in acute articular rheumatism, but believes its especial value is to be found in the treatment of the irritated conditions resulting from spinal disease. In a case of tabes dorsalis, under the influence of 1 gm. daily, he has seen to disappear the spinal epilepsy which had been modified by no other drug.

In the *Berlin klin. Wochenschr.* p. 49, vol. xxiii, 1886, DR. B. GRUNEBERG shares in the favorable opinions of the value of antifebrin in typhoid fever. He draws attention to the fact that the dose must be adjusted according to the stage of the disease, and states that .25 gm. is enough in the fever-declining stage to maintain the same effect for which .5 gm. is necessary in the acme.—*Schmidt's Jahrbuecher*, January 15, 1887.

The latest reports from experimenters with antifebrin still maintain the favorable testimony in its behalf. DR. H. HEINZELMAN (*Mun. med. Wochenschr.* p. 3, vol. xxxiv, 1887) writes of his trials of the drug in the Isar Hospital, Munich, and believes with Eisenhart that the dosage should not exceed .5 gm.

In the *Revue de Med. de la Suisse romande* (p. 29, vol.

vii. 1, 1887), DR. LOUIS SECRETAN records his successes, and agrees in the dosage throughout with Cahn and Hepp, the discoverers. They advise commencing with .25 gm., and as the antipyretic effect is delayed, increasing the dose by .25 or .50 gm. More than 2.00 gms. daily will seldom be required to obtain the fever-reducing effect; but if it should, the physician should not hesitate to increase the amount, as 20 to 30 gms. for one time,¹ or 15 gms. repeated during the day have been given, and these only can be considered toxic doses.—*Berlin klin. Wochenschr.* p. 1, 2, vol. xxiv. 1887. Secretan thinks antifebrin inferior to antipyrin and salicylic acid in the treatment of joint rheumatism. Its true sphere of usefulness he believes to be in controlling nervous manifestations, and mentions its extraordinarily good action in a case of occipital neuralgia.

DR. P. SNYDERS (*Extrait des Annal. de la Soc. Med. Churg. de Liege*, December, 1886) further praises the antipyretic action of the new drug. He, however, declares antipyrin to maintain a longer action upon the system, and as an antirheumatic to be superior to antifebrin. Four to five hours is considered the time or duration of a dose of the latter.—*Schmidt's Jahrbuecher*, March 15, 1887.

CARBONIC ACID INHALATION AND RECTAL INJECTION.—One of the most remarkable revivals in a therapeutical method that has happened lately is the administration of carbonic acid gas by inhalation and by rectal injection. The proposers and advocates of this practice evidently suppose it to be a new discovery or at least a novel expedient. So far from being new, it is a distinct revival of an old suggestion, for Priestly, in his treatise entitled "Experiences of Different Kinds of Airs," alludes to the use of carbonic acid gas by inhalation in phthisis, and Percival (1768), on the "Use of Fixed Airs," proposed its administration by rectal injection. In a recent paper (*Bull. Gen. de Therap.*, January 15, 1887), DR. M. DUPONT advocates the method of inhalation as more efficient than the rectal injection. If sulphhydrogen gas is to be administered, rectal injection may be necessary, for, as Bernard demonstrated, this gas when thrown into the rectum escapes by the lungs, and does not act on the nerve centres; but carbonic acid gas, which is mixed with the former, is the active agent, and, as Dr. Dupont shows, this is more conveniently, as it is more rationally, employed by inhalation, and

the results are not less excellent. Dr. Dupont has used about 150 litres in twenty-four hours. He finds that the gas is antiseptic, and hence is appropriate in the treatment of the septicæmia of tuberculosis; that it is anæsthetic, and hence quiets the cough; allays the irritability of the larynx, and favors sleep; that it lessens waste by checking oxidation and thus lowers the temperature; and that it stimulates the digestive organs and increases the peristaltic movements of the stomach and intestines.—*American Journal of the Medical Sciences*, April, 1887.

Since the above was published, DR. WM. OSLER, of Philadelphia, has called attention to the small quantity of this sulphhydrogen gas necessary to produce toxic symptoms, a few cubic centimetres being sufficient to poison a good sized dog.—*Journal American Medical Association*, April 2, 1887.

DURATION OF THE SYPHILOGENIC CAPACITY.—DR. P. A. MORROW read a paper on this subject before the New York County Medical Society, February 28, 1887. As he took issue on some of the main points published in a former article by Dr. F. N. Otis a lively discussion ensued, participated in by such intellectual giants in the arena of syphilitic lore as Otis and R. W. Taylor. The statements to which exception was taken in the paper of Dr. Otis were: the arbitrary fixation of a period of three years as marking the definite end of the contagious stage of syphilis in all cases; and, secondly, the denial of the possibility of a paternal transmission. As to the former, Dr. Otis stated that in his paper of last year he did not assert it positively to be the case, but gave arguments and showed his decided preference to the opinion, that three or at the most four years, with or without treatment, sufficed to render marriage warrantably safe to both wife and offspring. On this point Dr. Morrow dwelt at length, and the summary of his remarks is, that the arbitrary designation of three or four years as perfectly safe for a syphilitic man to marry, with or without treatment, and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience. On the second point of debate, namely, the possibility of the paternal transmission of the disease, Dr. Morrow expressed himself as follows: "The direct paternal transmission of syphilis, without preliminary infection of the mother may be classed as among the most conclusively established facts of medical science."

And further: "The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations; the contagious stage of syphilis is not, therefore, the exact measure of the duration of hereditary influence." In concluding his excellent paper, Dr. Morrow writes: "The conditions of admissibility to marriage, formulated by Fournier, are much broader, more scientific, and more safe than the arbitrary fixation of a limit of three or at most four years. These demand a mild or medium type of the disease, an advanced age of the diathesis, three or four years at the minimum, and a prolonged immunity of eighteen months or two years from the specific accidents. If these guarantees of safety are further fortified by sufficient specific treatment, a reluctant consent may be given; marriage is tolerated rather than advised."

On the question of the contagiousness of syphilis, DR. R. W. TAYLOR said: I have seen men with a syphilis of a severe form get married within six months (after inoculation) and not contaminate their wives; and for the reason that I have given them every possible precaution as regards contagion from the penis, from the mucous membranes and from the blood. Then I say to those men: "Do not allow your wife to become pregnant, for if you do the chances are that you will have a macerated foetus or a blemished child as a result." And I tell them to resort to certain expedients in the way of copious vaginal injections to prevent conception until such a period as the contagious principle ceases. I know religious people will say: "That is not right," but religious people are not generally intelligent sanitarians, and I think it is the duty of the physician to be an intelligent sanitarian.—*Journal Cutaneous and Genito-Urinary Diseases*, April, 1887.

OBSTETRIC MEMORANDA.

A CASE OF TRIPLETS.

I venture to report the following case, the first occurring in rather an extensive obstetrical practice of forty years. Mrs. Hildebrandt, German, aged about forty, resident of Olympia. About 8:30, A. M. April 11th, I was called in haste to see Mrs. H. Found her in labor, having frequent, strong expulsive pains; everything, so far as the mother was concerned, in good condition. Upon examination, found the feet presenting, and in less than twenty min-

utes, a female child was born, which, when respiration was fully established, was disposed of in the usual manner and laid aside. The uterine action continuing, I placed the hand on the abdomen, and decided that it was a twin case; and upon further examination, I discovered a breech. The second child, a boy, followed the first in about fifteen minutes; this, after being properly attended to, was also laid aside. Again placing the hand on the uterine tumour, and grasping the same, I was forced to the conviction that there was at least one more, and examination *per vaginam* revealed a head presenting. The third child, a boy, was safely delivered within the next fifteen minutes—the whole time, from the first decided symptoms of labor, not exceeding three hours.

There was present myself and the father only, and he was necessarily absent the greater portion of the time. Each child had its placenta, and all were expelled, without trouble, in good time, leaving the womb fairly contracted. The children are well formed, healthy looking, at full term, and weigh five and a half pounds each. Mrs. H. has had eight children before these, at as many different confinements. At my visit this morning (April 13th), I found the mother and children doing remarkably well, and I cannot see anything to prevent their continuing to do so.

N. OSTRANDER, M. D.

OLYMPIA, W. T.

SOCIETY PROCEEDINGS.

The Medical Society of the State of California.

The Society met for its Seventeenth Annual Session at B'nai B'rith Hall, Eddy street, San Francisco, April 20, 1887.

The meeting was called to order by the President, WALTER S. THORNE, M. D., of San Jose.

The address of welcome was read by R. H. PLUMMER, the Chairman of the Committee of Arrangements.

DR. A. L. GIBSON, U. S. N., was elected an honorary member.

The President then delivered the Annual Address.

DR. W. P. GIBBONS moved that a committee of three be appointed to report the best means of giving general publicity to portions of the Address relating to public schools, hygiene and alcoholism. Carried.

The amendment to Article III, Section 7 of the Constitution, to insert after, "the Board of Censors shall examine the credentials for admission to the Society," the words, "after all applications have been read by the Secretary in the body of the house and posted on the bulletin board in the ante-room," was adopted.

In pursuance of a motion by DR. W. P. GIBBONS, the Chair appointed a committee consisting of W. P. GIBBONS, W. W. KERR, W. S. WHITWELL, G. G. TYRRELL and WASHINGTON AYER, to consider the feasibility of procuring funds for a permanent home for the Society. Adjourned.

AFTERNOON SESSION.

On motion, C. M. BLAKE and A. B. STOUT were placed on the honorary roll.

A majority report of the Committee on Publication was read, recommending that the contract of the previous year be renewed. The report was made a special order for Thursday morning.

A communication from the Chairman, DR. R. J. DUNGLINSON, of the Finance Committee of the Ninth International Medical Congress, was read, urging the desirability of the Society's contributing toward the finances of the Congress. The matter was referred to a committee.

The report of Committee on Mental Diseases and Medical Jurisprudence was read by its chairman, F. W. HATCH. Referred to Committee on Publication.

The report of the Board of Examiners was read by DR. R. H. PLUMMER, its secretary. The financial report of the Board was also submitted. Referred to Committee on Publication.

The report of the Treasurer of the Society, DR. G. C. SIMMONS, was referred to an auditing committee.

The report of the Committee on Practical Medicine and Medical Literature was read by its chairman, W. WATT KERR. The doctor exhibited the apparatus used in gaseous rectal medication, which had been mentioned in his paper. Referred to Committee on Publication.

By request of the President, DR. GIBSON, the chairman of the Rush Monument Committee of the American Medical Association, made a statement of the condition of the monument fund. Adjourned.

EVENING SESSION.

Report of the Committee on Graduating Exercises was read by its chairman, A. B. STUART. Referred to Committee on Publication.

The report of the Committee on Surgery was read by its chairman, THOS. W. HUNTINGTON, and referred to Committee on Publication.

DR. McNUTT, chairman of the Special Committee on Leprosy, read its report. A supplemental report, by A. W. SAXE, was submitted. Referred to Committee on Publication.

A supplemental report on Ophthalmology was read by DR. A. BARKAN, and referred to Committee on Publication. Adjourned.

MORNING SESSION—APRIL 21, 1887.

Report of Committee on Publication came up as a special order. On motion the report was received and its consideration indefinitely postponed.

DR. PLUMMER offered the following resolution, which was adopted: That the transactions be published by the Society in volume form as heretofore, and that the Committee on Publication be formally instructed to that effect.

Report of the Committee on Medical Topography, Meteorology, Endemics and Epidemics was read by its chairman, J. B. TREMBLEY. Referred to Committee on Publication.

A paper by DR. McALLISTER on Quarantine and Disinfectants, was read by title and referred to Committee on Publication.

AFTERNOON SESSION.

On motion, DR. DOBSON, a visitor from Michigan, was invited to a seat in the meeting.

The names of W. S. THORNE and I. E. OATMAN were added to the committee on securing a permanent home for the Society.

A paper by DR. C. DRANSFIELD, on Theory and Practice, was read by title and referred to Committee on Publication.

DR. WHITWELL, chairman of the Committee on Medical Education, read his report. Referred to Committee on Publication.

A voluntary contribution by DR. J. H. WYTHE, on Electricity in Gynæcology, was read and referred to Committee on Publication.

The Society then proceeded to the election of officers for the ensuing year, when the following were chosen :

<i>President,</i>	R. H. PLUMMER
<i>First Vice-President,</i>	A. H. AGARD
<i>Second " "</i>	DAVID POWELL
<i>Third " "</i>	H. N. RUCKER
<i>Fourth " "</i>	L. M. F. WANZER
<i>First Assistant Secretary,</i>	J. H. PARKINSON
<i>Second " "</i>	G. W. DAVIS
<i>Treasurer,</i>	G. C. SIMMONE

Board of Censors : JULES SIMON, W. ANDERSON, J. D. ARNOLD, I. E. OATMAN, C. G. KENYON.

Board of Examiners : C. E. BLAKE, W. LAWLOR, JULES SIMON, C. H. STEELE, T. J. LE TOURNEUX, C. E. FARNUM, A. H. PRATT.

Alternates : H. H. HART, C. C. WADSWORTH, A. P. WHITTELL.

DR. TYRRELL, by permission, withdrew a motion to reconsider the action of the Society on the question of the publication of the transactions, which had been previously carried by a vote of 29 to 23.

PROF. MAYNARD, of Chicago, was invited to a seat in the meeting.

San Francisco was chosen as the place of next annual meeting.

A report by DR. KENYON, for the Committee on Appropriation for the Ninth International Congress, recommending that one hundred dollars be donated, was adopted.

A paper by DR. ROBERTSON on the Radical Cure of Hernia, was referred to Committee on Publication.

EVENING SESSION.

A supplemental report to that of the Committee on Medical Legislation was read by DR. I. E. OATMAN. Referred to Committee on Publication.

DR. PLUMMER introduced the following resolution : "That it is the sense of this Society that the best interests of the public and the medical profession will be better subserved by one State Board of Examiners rather than more; and by examination of applicants rather than of diplomas; and that there should be proper provisions made for expenses of such Board." Adopted.

The report of the Committee on Histology and Microscopy was read by its chairman, A. ABRAMS. Referred to Committee on Publication.

The report of the Committee on Public Hygiene and State Medicine was read by its chairman, G. G. TYRRELL. Referred to Committee on Publication.

The following resolution by DR. A. W. SAXE was adopted: By the members of the California State Medical Society, in convention assembled at San Francisco, at its regular annual session, that vaccination should be made compulsory, and that the State Legislature should be urged to enact such laws as shall result in the protection of the entire population from that baneful scourge, small-pox, which destroys thirty per cent. of all unprotected persons attacked.

A communication from the San Francisco County Society was read, requesting that the names of certain members be stricken from the roll, they having failed to comply with the conditions on which they had been admitted.

The following motion was adopted: That the communication be received and placed on file, and that the Secretary of the Society be instructed to notify these gentlemen, in order that they comply with the constitution and by-laws of the County Society as required by the State Society.

MORNING SESSION—APRIL 22, 1887.

The report of the special committee on the formation of a Medico-Legal Board was read by its chairman, A. B. STUART. In connection with this DR. STUART read some notes on the case of "Winters vs. Graves." Referred to Committee on Publication."

The report of the Committee on Gynæcology was read by its chairman, H. N. RUCKER. Referred to Committee on Publication.

The Report of the Committee on Diseases of Women and Children, by O. O. BURGESS, was read by title and referred to Committee on Publication.

The report of the Committee on Ophthalmology, Otology and Laryngology, A. P. WHITTELL, chairman, was read by J. D. ARNOLD. Referred to Committee on Publication.

A supplemental report to this committee, by DR. ARNOLD, was referred to Committee on Publication.

DR. W. P. GIBBONS, for the Building Committee, submitted a report, to the effect that the President elect of the Society

should appoint a "Building Committee" of thirteen members, who should then incorporate under that name. They should issue stock not to exceed the amount of \$40,000, bearing interest at six per cent. per annum. With the proceeds of the sale of the above they should purchase a lot, erect and furnish a building which should at all times be available for the profession, and medical societies without cost. The report was adopted.

In the matter of DR. DONNELLY, in connection with whose application the Board of Censors had been unable to make a unanimous report, a special committee of members resident outside of San Francisco recommended that he be elected. The ballot being called for the applicant was rejected.

On motion it was ordered that every member have a new certificate free of charge.

An amendment to the constitution was submitted by DR. A. B. STUART providing for the establishment of a medico-legal board.

AFTERNOON SESSION.

DR. M. M. CHIPMAN gave a summary of his paper on "Preventive Medicine." The paper was referred to Committee on Publication.

DR. A. P. WHITTELL read a paper entitled "Historical Sketch of Operations for Cataract," which was referred to Committee on Publication.

The report of the Committee on Prize Essays was read by its chairman, WASHINGTON AYER. The report was adopted and referred to Committee on Publication.

A paper on the Sympathetic and Psychological Effects of Diseases and Displacements of the Uterus and its Appendages was read by DR. I. E. OATMAN, who exhibited a new pessary for Anteversion and Antelexion. The paper was referred to Committee on Publication.

The report of the Committee on Indigenous Botany and Domestic Adulteration of Drugs was read by its chairman, W. P. GIBBONS. The paper was referred to the Committee on Publication, and the thanks of the Society accorded to DR. GIBBONS for his valuable contribution.

A supplemental report by DR. J. G. BUCKNALL was read by title and referred to Committee on Publication.

A new instrument for Reposition and Retroflexed Uterus was described and exhibited by DR. T. A. MILLER.

A paper on "Puerperal Eclampsia" by DR. Z. T. MAGILL was read by title and referred to Committee on Publication.

DR. MARTINACHE read a paper on the action of the Galvano Cautery on Ulcer of the Cornea which was referred to the Committee on Publication.

The following papers were read by title and referred to Committee on Publication:

Spina Bifida by DR. G. N. FOOTE. Chronic Pleuritic Effusion by DR. J. G. DAWSON. Relations of Insanity to Modern Civilization by DR. H. F. ADAMS. Man as He is by DR. J. T. WELCH.

DR. COLE, the chairman of the Committee on Obstetrics, being absent his report was referred to the Committee on Publication.

A resolution introduced by DR. A. B. STUART instructing the Committee on Medical Legislation to "draft a more comprehensive and specific bill" to punish abortionists was adopted.

On motion the President and Secretary were instructed to issue certificates as far as permitted to members of the Society desirous of attending the Ninth International Medical Congress.

The resignation of DR NAOMI E. HOY was accepted.

EVENING SESSION.

A paper was read by DR. S. V. LONIGO on the Etiology and Pathology of Disease with its relation to improved treatment and was referred to the Committee on Publication.

The thanks of the Society, by special resolution, were tendered to DR. L. M. F. WANZER for the conscientious discharge of her arduous duties as Assistant Secretary. Adjourned.

At the different sessions of the Society the following were elected members: Ainsworth, F. K., Armstrong, Robert, Baldwin, A. E., Burchard, L. S., Crowley, D. D., Dodge, H. W., Ferrer, H., Fifield, Ella J., Field, Edna R., Hall, J. U. Kahn, S. S., Lindley, W. E., Soper, J. H., Mayon, James L., McSwegan, D., Mueller, H. E., Nichols, G. B., Nutting, C. W., Potter, S. O. L., Rabe, B. A., Richmond, G. B., Richter, C. M., Rosenstirn, J., Seifert, George W., Smith, R. Press., Sobey, A. L., Sponogle, J. D., Stallard, J. H., Tully, J. G., Wefelsburg, A. B., White, F. J., Wythe, J. H. (transferred, by request, from honorary to active membership), Young, J. D.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: MAY, 1887.

THE STATE SOCIETY.

The Seventeenth Annual Meeting which closed on Friday, April 22d, after a three days' session, has been a profitable and pleasurable reunion.

The address by the President, W. S. Thorne, M. D., of San Jose, was broad and practical in its character, and its suggestions have been most favorably received by the Society. It is much to be regretted that circumstances prevent a proper discussion on any of the papers. During the first days of the session there appears to be ample time for pertinent remarks on the subjects submitted, but it is rarely availed of. On the closing day the tendency is to rush everything through, and many of the papers are read by title and passed to the Committee on Publication. As the Society in the past has found that working in sections was impracticable, we would suggest the appointment beforehand, by the President, of members to open the discussions on the different papers, which would tend materially to improve matters.

The Society has taken steps to provide an abiding place for itself, where meetings can be held and property accumulated in the shape of a library and museum. Properly carried out the scheme will add to the strength and dignity of the Association.

The Society has wisely decided to publish its proceedings "in volume form as heretofore." The experiment in force for the past two years has been costly and productive of very general dissatisfaction, and its discontinuance will be a material benefit.

San Francisco has been selected as the place of next annual meeting. For many reasons the metropolis of the State is the most desirable place for the purpose. There is, however, one drawback, in that the local profession yearly taxes itself to provide a banquet for the visitors. We express the opinions of many, when we say that this munificence year by year is to be deprecated. The matter could be very properly and pleasantly arranged by adopting the plan which obtains elsewhere of issuing tickets, under the auspices of the Committee of Arrangements, to all desirous of attending the banquet, the rate for each ticket being fixed to include wine or without.

The Society has elected for its President Dr. R. H. Plummer, of San Francisco, who will make an earnest and energetic officer. He has already done good work for the Profession, and we anticipate that he will discharge the duties of this new office with his accustomed thoroughness.

H. L. NICHOLS, M. D., has been elected Health Officer of Sacramento.

THE recent visitation of small-pox in the southern counties of this State is fast disappearing. We understand on good authority that 125 or 130 cases, with twenty deaths, will include everything up to April 20th. In the city of Los Angeles, claiming a population of 40,000, there have been twelve deaths.

THE Board of Examiners of The Medical Society of the State of California have issued "notice forms" to the Secretaries of local medical societies. These forms, which are to aid in enforcing the "Practice Act," are to be sent to newcomers within the district of the Society, who are not licensed, and may be ignorant of the law or the formalities necessary for registration.

DR. CARL H. VON KLEIN states in the *Jour. of the Am. Med. Association* for March 26th that he has concluded to translate and publish from the "Talmud" everything relating to medicine, provided that prior to the undertaking he receives one thousand subscribers to the book. The following is the form of agreement: I, the undersigned, agree to take

one (or more) copy of the "Talmudic Medicine" of Dr. von Klein, which shall not exceed \$5 in cost for 500 octavo pages, or at \$1 for each 100 pages, payable on delivery. There will be no more copies published than those subscribed for, except fifty for distribution to medical journals. The doctor's address is 110 E. Second street, Dayton, Ohio.

WE have been requested by the Chairman of the Rush Monument Committee, Dr. A. L. Gihon, to direct the attention of the profession on this Coast to the meritorious work which it has in hand. The project was first started at the meeting of the American Medical Association at Washington in 1884. It was observed that while famous representatives of other professions adorned the national capital in effigy, medicine was conspicuous by its absence. The name of Benjamin Rush was selected as that most worthy of commemoration, and in order that none might be debarred from contributing, a subscription of one dollar is asked from each individual. It was estimated that the sum of \$40,000 would be required. Donations will be received by members of the committee, those on this Coast being: For California, G. G. Tyrrell, Sacramento; Nevada, —; Oregon, E. P. Fraser, Portland; Washington Territory, T. T. Minor, Seattle.

IN reviewing the third edition of the *Medical Register*, we commented on the fact that under the head of a "Directory of Medical Colleges, Hospitals, Etc.," no mention was made of hospitals outside of San Francisco. Owing to want of space that portion of the editorial was subsequently eliminated. We are glad to see that the omission has been noticed elsewhere. The *Southern California Practitioner*, in its April number, says: "We have but one criticism, viz: that it is a mistake to publish in a State work a so-called list of hospitals and dispensaries and yet name no hospital outside of San Francisco." * * * We would suggest that in the next issue this feature be eliminated, for the matter standing as it does is open to misconception. The City and County Hospital of San Francisco, like all other county hospitals throughout the State, is a public institution, and there is no reason why it should be mentioned to the exclusion of some admirably managed hospitals in adjoining counties. We presume that some reason existed for the form which the announcement takes, but in default of any explanation deem it well to call attention to the omission.

SPECIAL CORRESPONDENCE.

NEW YORK.

[FROM OUR OWN CORRESPONDENT.]

Academy of Medicine.—Local Treatment of Diphtheria.—Ether or Chloroform as an Anæsthetic.—Kings County Medical Association.—Oil of Wintergreen.—One Hundredth Anniversary of Columbia College.—The Telephonic Probe, a Correction.

NEW YORK, April 13th, 1887.

At the Academy of Medicine there have recently been two, what might be called "field nights." The first was in the section on practice of medicine, but the meeting was quite as largely attended as those of the regular sessions of the Academy. On this occasion the subject under consideration was Local Treatment in Diphtheria, and the discussion was opened by a paper from Dr. C. E. Billington, who, some time since, read two other papers on diphtheria which attracted considerable attention. He has had much experience with the disease, particularly in connection with the district service of the Demilt Dispensary, and has always borne an enviable reputation for the unremitting personal attention which he devotes to his cases. Only those who have known what it is to practise among the tenement-house population of New York can fully appreciate the amount of self sacrifice which this involves.

It cannot be said that much was added to our knowledge of the treatment of diphtheria by this discussion, but it was one of more than ordinary interest, and it had the effect, at all events, of emphasizing the facts that there are no specifics in this disease; that all harsh measures having for their object the removal of the membranes are to be avoided, and that local treatment is of the highest possible value in both pharyngeal and nasal diphtheria. It was the opinion of the greater number of the speakers that this last can be most safely, easily and effectually carried out by means of a spray directed upon the parts affected, in addition to the more or less constant inhalation by the patient of medicated vapor. Among those who took part in the discussion were Drs. Alfred L. Loomis, J. Lewis Smith, William H. Thompson, Frank H. Bosworth, A. Jacobi, Andrew H. Smith and D. Bryson Delavan.

In this connection it may be stated that for some time past a number of prominent physicians have had in contemplation the establishment of an hospital exclusively devoted to the care of patients suffering from diphtheria. They believe that the necessity for such an institution is becoming more and more urgent, as the disease has been endemic in this city for the last twenty years, and for some time past it has been increasingly prevalent. In 1884, twenty-two hundred and twenty-three cases were reported to the Board of Health, with a mortality of ten hundred and ninety; in 1885, twenty-seven hundred and thirty-five cases, with a mortality of thirteen hundred and twenty-five; and in 1886, thirty-seven hundred and thirty-seven, with a mortality of seventeen hundred and twenty-seven—showing, therefore, an increase of sixty per cent. in two years.

The other "field night" occurred at the first general meeting of the Academy in April, when the subject of discussion was The Proper Selection of Ether and Chloroform as an Anæsthetic. The President, Dr. Jacobi, said that it had been thought well to bring this question up, for the reason that certain surgeons of this city, who had lost patients while under chloroform, had only with great difficulty escaped criminal prosecution, and it was desirable to have some expression, on the part of the Fellows of the Academy, as to what extent the use of chloroform was justifiable as an anæsthetic. The discussion was opened by a carefully prepared paper from Dr. A. P. Gerster, one of the surgeons to Mount Sinai Hospital, and a brother of the renowned prima donna. He was one of the surgeons referred to by Dr. Jacobi, and he took the ground that while, as a rule, ether is the safer and better agent, there are very many cases in which chloroform is preferable. Chloroform, he acknowledged, was infinitely the more powerful of the two; but while its use was consequently attended with more danger at the time of the operation, it was not followed by the secondary affections of the lungs and kidneys which are apt to result from the use of ether. He thought that chloroform should be used in preference to ether in the following cases:

- (1) When acute or chronic nephritis is present, or is supposed to exist.
- (2) When there is any chronic pulmonary affection, especially in the aged or the young, or the feeble generally.
- (3) Where ether will not produce the complete anæsthesia

and relaxation required for the successful performance of many operations.

Chloroform, he thought, was especially contra-indicated where the heart was weak, or the patient was the subject of deadly fear.

Among those who took part in the discussion were Drs. L. A. Sayre, R. F. Weir, H. Knapp, J. A. Wyeth, W. Gill Wylie, P. F. Mundé, R. W. Amidon, R. Abbé and Thallon, of Brooklyn; and all of the speakers, with the exception of Professor Sayre, thought that Dr. Gerster spoke too strongly in favor of chloroform. Most of them, indeed, while acknowledging the superiority of the latter in the case of parturient women, are of the opinion that it was altogether too dangerous an agent to be used in surgical practice, except in extremely rare instances; and that, even if nephritis was present, ether was the safer agent to employ, provided that it was administered with especial caution under these circumstances.

The first meeting of the Kings County Medical Association, which, like the New York County Association, has been organized in affiliation with the State Association by those who adhere to the National Code of Medical Ethics, was held in Brooklyn on the first Tuesday in April; when a discussion took place on Oil of Wintergreen as a Therapeutic Agent, which was opened by a paper by the President, Dr. E. R. Squibb, after which a collation and social reunion was enjoyed.

At a meeting of the New York County Medical Association held April 18th, Prof. W. T. Lusk gave a report of a most successful Cæsarian section in which he saved both mother and child.

On the 13th of April, the one hundredth anniversary of revival and confirmation, by the State Legislature, of the Royal Charter granted in 1754 to Columbia College, at that time known as Kings' College; and the Faculty and students of the College of Physicians and Surgeons participated in the exercises held at the Metropolitan Opera House. The medical school of the college, which was established as early as 1767, was consolidated in 1813 with the College of Physicians and Surgeons, and in 1860 the latter was finally recognized as the medical department of Columbia College.

It is gratifying to learn that in the case of Mary Anderson, the young woman of Mount Holly, N. J., who was shot in the head, the ball was after all accurately located by means

of the induction balance. When the last letter was written, the newspapers had just announced that the autopsy showed that the apparatus had failed to accomplish its purpose; but since then Professor Wile, of Philadelphia, who was one of the surgeons in charge of the case, has authoritatively stated that the test was perfectly successful, the ball being located with absolute certainty during life.

P. B. P.

CORRESPONDENCE.

BRANCHES OF THE AMERICAN MEDICAL ASSOCIATION.

TO THE EDITOR OF THE SACRAMENTO MEDICAL TIMES:

Dear Sir—As an old member of the Association, I have read with much satisfaction your editorial suggestions in your issue of April on the subject of "Branches of the American Medical Association." It is evident to any one, who has attended many annual meetings, that some reformation of the existing constitutional establishment is urgently necessary, if the Association is to fulfill its intended purpose of making the medical men of this country members of the body politic, and I do not see any simpler or better way of bringing the profession of the United States into practical accord than through the State Societies, which, being already organized, are fitted to be at once considered branches of the general Association. Any intermediate system of divisional branches, to cover wider sections of the country, as an Eastern, Middle, Southern, North-western or Pacific Branch, would defeat the object of national unity by giving prominence to sectional interests. By State Branches, on the contrary, the importance of the individual State organization would be enhanced, without impairing its interest and influence in the great national body, in which each State should have an equal voice.

The unwieldiness of the Association, as now constituted, is a very strong argument for its re-organization. So much time is lost in the registration of members, during the first and second days of the session, as happened at Washington in 1884, large numbers are unable to participate in the earlier proceedings, and when the necessity arises for legislative action, both registered and unregistered delegates, as well as permanent members who have no right to vote, indiscriminately exercise it, thoughtlessly or indifferently.

Moreover, with a system where a numerical attendance dependent upon locality has legislative power, there can be no fixed policy, as the conclusions of one year may be contrary to those of preceding years, or may be overruled at some subsequent place of meeting.

I am inclined to think that all that is needed to perfect the organization of the Association will be to recognize the State, Territorial and District Societies, and the Medical Departments of the National Services, as branches of the Association, each of which will be represented in the National Association by one or more elected delegates, who will constitute a Senate or Executive Council to be considered as holding office throughout the year, and whose acts shall determine the policy of the general body; and by one elected representative in each of the eight sections of the Association, who will exercise similar functions in the sections. Membership in the Association would, therefore, become the right of every reputable member of the profession, determined by the fact of his enrollment as a member in good standing in a State, District or Territorial Society or National Service. Accurate alphabetical copies of these rolls kept by the permanent secretary and treasurer of the Association would obviate the present tedious system of registration, a member in attendance at an annual meeting having only to present his card of membership in a branch of the Association to the treasurer, who would verify it by comparison with the list in his possession, and receive the member's annual dues at any time prior to the meeting. The printed receipt for these dues would be all that would be required to entitle the member to all the social courtesies extended at the annual meeting.

It might be well to allow *viva voce* expressions of opinion in the General Assembly, but roll calls or other tedious parliamentary procedures should be avoided by the reference of resolutions, etc., to the Senate or Council for final action; and in this Council, whether composed of one or of any number of representative members, the voting should be by State, Territory, District or National Service, each having but *one vote*.

The report of the committee appointed at St. Louis to propose some plan of re-organization, if one be thought desirable, will be anxiously looked for at Chicago, though it is to be feared that the very faults of existing organization to

which allusion has been made, will prevent a proper, temperate and deliberate consideration of the subject. Should there be a large attendance of members, they will not all be registered in season to take an early part in the discussions that may arise, and should a few obstructionists care to resort to parliamentary tactics requiring roll calls, etc., the whole time of the session may be fruitlessly wasted. Then, again, a large excess of local members will deprive States as sparsely represented as those on the Pacific Coast from an equal voice in the result, whatever that may be.

A. M. A.

MISCELLANEOUS.

Messrs. Parke, Davis & Co., of Detroit, desire to state that any reader of THE TIMES will receive *gratis* on application a portrait of Professor Koch, best known as the discoverer of the much disputed "comma bacellus." The picture is certainly well worth the trouble of application.

BOOKS AND PAMPHLETS RECEIVED.

Reports and Statistics of the Meteorology of the City of Oakland, Cal., for the year 1886: By J. B. Trembley, M. D.

Annual Report of Health Officer, Oakland, Cal., for 1886: By L. W. Buck, M. D.

The report deals very thoroughly with the work of the Health Department for 1886. The total number of deaths for that year was 583, which, with a population of 46,000, gives an annual death rate of 12.67 per 1000, ranking Oakland as one of the healthiest cities in the world. Dr. Buck alludes to the necessity of some form of inspection in connection with dairies supplying the city with milk—a subject which will merit attention in many other towns.

Physician's Clinical Case and Record Book. San Francisco: Wm. S. Duncombe & Co.

The book has been designed for the purpose of facilitating the accurate noting of cases. About one-third of it is occupied by printed tables, giving the usual heading, for notes. These are clearly and concisely tabulated. The remainder of the book is in blank; the pages which are numbered can be

referred to by an "appendix number," at the foot of the case pages.

The Physician's Day Book, Cash Book, Ledger and Billhead Combined. By L. W. Stone. San Francisco: Wm. S. Duncombe & Co.

Physicians who prefer to use one of the many devices for "medical bookkeeping" in preference to a regular set of books, may find something of value in this system. The principal feature is a billhead, which is arranged so as to show the exact amount of service rendered on any day of the year. We thoroughly disapprove of this manner of rendering professional accounts, but for those who see fit to adopt it, this will be found advantageous.

Licentiates of the Board of Examiners.

At the regular meeting of the Board of Examiners, held April 7, 1887, the following physicians having complied with all the requirements were unanimously granted certificates to practise medicine and surgery in this State:

Lewis Carpenter, Lakeport; Missouri M. Coll., Mo., March 3, '85.
 Philip F. Casey, Stockton; M. Dep. Univ. Buffalo, N. Y., Feb. 21, '82.
 Asahel H. Davis, Pasadena; Cincinnati Coll. of Med. and Surg., O., June 12, '63.
 Thomas A. Davis, San Diego; Missouri M. Coll., Mo., March 4, '73.
 Robert A. Ellis, Pasadena; Kentucky S. of Med., Ky., June 29, '82.
 William H. Green, Beaumont; Missouri Med. Coll., Mo., March 5, '79.
 Frank Hereford, San Diego; Missouri M. Coll., Mo., March 2, '77.
 George P. Holman, Jr., San Diego; Coll. of Phys. and Surg. of N. Y., N. Y., Feb. 27, '73.
 John Larkin, Oakland; M. Dept. Tulane Univ., La., March 31, '86.
 Chas. G. Reily, Danville; Missouri M. Coll., Mo., March 6, '83.
 Harry E. Snow, Fresno; Rush M. Coll., Ill., Feb. 15, '87.
 J. Dorsey Sponogle, Santa Rosa; Long Island Coll. Hosp., N. Y., June 2, '86.
 Albert M. Taylor, Oakland; Missouri M. Coll., Mo., March 6, '83.
 Geo. W. Varnum, Elsinore; M. Dept. Univ. of Pennsylvania, Pa., April 4, '45.
 John F. Wilson, San Jose; Columbus M. Coll., O., March 5, '81.
 Barnabas W. Day, San Diego; Univ. of Queen's Coll., Canada, March 27, '62, and Royal Coll. of Phys. and Surg., Canada, May 11, '71.

The application of C. C. Phillips, of Tulare, was rejected because of "insufficient credentials."

R. H. PLUMMER, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM MARCH 20 TO APR. 20, 1887.

Captain W. H. Corbusier, Asst. Surgeon, granted leave of absence for one month. S. O. 35, Dept. Arizona, March 29, 1887.

Asst. Surgeon A. P. Frick to proceed to Fort Grant for duty in the absence of Asst. Surgeon Corbusier. S. O. 35, Dept. Arizona, March 29, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS, U. S. NAVY (PACIFIC STATION), FROM MARCH 20 TO APRIL 20, 1887.

Medical Inspector Somerset Robinson, detached from Naval Hospital, Mare Island, Cal., where he has been under medical treatment, and to resume medical duty at Marine Rendezvous San Francisco, April 8th, 1887.

Ernest H. Norfleet, P. A. Surgeon, on temporary duty at Marine Rendezvous, San Francisco, to resume duty at Naval Hospital, Mare Island, April 8th, 1887.

Public Health.

Reports from Cities on the Pacific Coast of 10,000 inhabitants and upwards, for the Month of February, 1887.

CITIES.	Population.	Annual Rate per 1000.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	.....	....	....	....	....	....	....	....	....	....
Oakland.....	46,000	10.69	41	9	4	20	5	1	....	2
Sacramento	30,000	11 20	28	3	6	15	1	2	....	1
San Francisco.....	280,000	19.04	445	55	116	201	40	17	16	....
San Jose.....	20,000	10.80	18	2	3	8	2	2	1	....
Stockton.....	15,000	17.60	22	5	4	6	5	1	1	....

METEOROLOGY.

STATIONS.	TEMPERATURE.			RAINFALL.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	No. days Rain fell	Total Rainfall.	No. of Days			Prevail- ing direction	
						Clear.	Fair.	Cldy.		
Los Angeles, Cal.....	61.7	50.3	56.6	4	2.28	14	8	9	W.	Lieut. Maxfield, s. c. U. S. A.
Red Bluff, Cal.....	66.7	49.3	57.8	5	1.40	14	6	11	N. & S.	" "
Sacramento, Cal.....	65.3	48.87	57.5	8	1.75	22	6	3	N. W.	" "
San Francisco, Cal....	63.5	48.7	54.2	7	2.25	14	13	4	W.	" "
San Diego, Cal.....	67.2	52.7	57.8	7	1.96	13	9	9	W.	" "
Santa Barbara, Cal....	....	....	....	....	....	..				Hugh D. Vail.

For Month ending March 20th, 1887.

CLEAR DAY—One on which cloudiness is 3 or less on a scale of 10.

FAIR DAY—One on which cloudiness is from 3 to 7.

CLOUDY DAY—One on which cloudiness is over 7.

In temperature columns (S. C. Reports), "highest" and "lowest" is the highest and lowest *daily mean*.

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No. 4.

ORIGINAL ARTICLES.

EXCISION OF THE UPPER JAW, WITH REPORT OF TWO CASES.*

By G. A. WHITE, M. D., Superintendent, Sacramento County Hospital.

Excision of the upper jaw is demanded for the removal of tumors usually classed as malignant, and was first performed by Dr. Jameson, of Baltimore, in 1820 ; since which time Fergusson, Liston, Esmarch, and many surgeons of our own country, have performed the operation successfully in a large number of cases.

This bone is one of the largest, as well as the most important, from a surgical aspect, of the bones of the face. It assists in the formation of three cavities, and encloses a large one, the antrum of Highmore. It articulates with nine bones, and gives attachment to nine muscles.

In the Sacramento County Hospital the operation has been performed but twice during my service. The first case was a patient of the late Dr. F. W. Hatch, and was operated upon by Dr. H. W. Nelson, for the removal of an encephaloid tumor, springing from the antrum. The wound healed, but the disease reappeared and destroyed the patient's life about a year afterwards.

The subject of the second operation was a young man, aged twenty-three, suffering with malignant epulis of the left superior maxilla. Epulis or epuloid tumors spring from the gums, or alveolar processes of the jaws, and may be benign or malignant. Where the disease is benign the operation is very simple, and merely excision of the part of the alveolar process affected will suffice. Malignant epulis is a much graver disease, and must be regarded as essentially cancerous.

* Read before the Sacramento Society for Medical Improvement.

My patient presented himself, with the following history: About one year prior to his admission to the County Hospital he had been operated upon by a surgeon in Los Angeles for the removal of a small epulis springing from the upper jaw, near the wisdom tooth. Simple excision was practised, together with the removal of two teeth and a part of the alveolar process. A few months subsequently the disease reappeared, and when he came under my care he had an enormous growth, filling the cavity of the mouth and widely separating the jaws. He was scarcely able to pass a small tube between the tumor and the lips, carrying sufficient food to sustain life. Deglutition was difficult, and the discharges emitted a most offensive odor. The appearance of the growth was that of a huge piece of liver forced into the mouth, a part of which projected nearly an inch outside of the lips. The fungus mass was frequently wounded by the teeth, and bled very freely. The patient was pale and weak from loss of blood and insufficient food. An immediate operation was advised.

With the assistance of Dr. H. W. Nelson, I proceeded to operate. The patient being etherized, the malodorous mass was scooped out of the mouth, which was attended with free hæmorrhage. It was then discovered that the disease involved the antrum, and excision of the jaw was performed after the manner described by Fergusson and Erichsen. The point of the knife was entered opposite the inner angle of the eye, carried down the side of the nose, around the ala, and down through the centre of the lip. Another incision was then made in a horizontal direction below the orbit, by entering the point of the knife where the first incision commenced, and carrying it in a slightly curved direction outward to the zygoma. The flap was thrown downwards and outwards. The bones were divided by means of a narrow-bladed saw, bone pliers and chisel. The zygoma was first cut across, the external orbital angle next, and then the internal orbital angle was divided by putting one blade of the forceps into the nose and the other into the orbit. The palatal process was divided by means of a narrow-bladed saw inserted into the nose, and then sawing through the alveolar process, an incisor tooth having previously been extracted.

The greater portion of the osseous attachments having been divided, little difficulty was experienced in removing the bone by means of Fergusson's lion jaw forceps, the re-

maining attachments to the soft parts being severed with the knife and scissors. A few ligatures were necessary to control hæmorrhage from the larger vessels. After thorough irrigation with bichloride solution 1 to 1000, the wound was packed with strips of lint, soaked in carbolized oil; two hare-lip pins were used to bring the edges of the lip together, and numerous interrupted wire sutures to secure the flap completed the operation.

The external wound was dressed antiseptically. On the fifth day, the dressing becoming loosened, I examined the wound, and removed all the sutures—primary union being perfect. I removed the strips of lint on the third day. The patient was kept well supplied with carbolized water to cleanse the mouth. No untoward symptoms developed, and he was dismissed, cured, three weeks after his admission into the hospital.

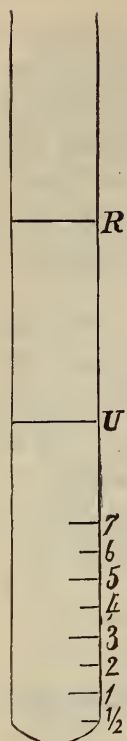
A SIMPLE QUANTITATIVE DETERMINATION OF ALBUMIN IN THE URINE.

By J. O. HIRSCHFELDER, M. D., Professor of Clinical Medicine, Cooper Medical College, San Francisco, Cal.

Of all the chemical investigations the practitioner of medicine is called upon to make, that which is the most frequent is the determination of the presence of albumin in the urine. Many methods have been introduced, but that most generally employed is the test by means of nitric acid and heat. It is true that some of the newer procedures are more delicate, inasmuch as minuter quantities of albumin are revealed by them, yet each method has some objection which interferes with its extensive employment.

In spite of the recognized advantages of the nitric acid test, it is a method which must be qualitative only. It is not calculated to give an accurate idea of the quantity of albumin present. A simple and easy method of determining the quantity of albumin present in urine or other fluid to be examined has long been desired by the profession, as the procedures of the laboratory are too complicated and demand too much time to warrant their use by the busy practitioner. Dr. Esbach has lately discovered a method which for accuracy and facility of execution has not yet been excelled.

Esbach's method was introduced in 1874, but has only



lately come into general use. His apparatus consists of a test tube, marked empirically. The tube is filled to U with the urine to be tested. Upon this, up to the mark R, a mixture is poured, consisting of—

Acid picric,	-	-	20 parts.
Acid citric,	-	-	10 “
Water,	-	-	970 “

The tube is then closed with a rubber stopper and the contents mixed. It is then allowed to rest for twenty-four hours and the height to which the deposit that settles to the bottom rises, indicates the number of parts of albumin in 1000 parts of urine. Thus, if the sediment rise to the mark 5, there is in the urine 0.5 per cent. absolute, of albumin.

The advantage of the mixture used is, that the deposit is homogeneous and the result of the examination accurate. The picric acid precipitates the albumin and the citric acid dissolves the urates.

I have, however, found that if the urates be present in very large quantity, they will not be entirely dissolved, but may give rise to false conclusions as to the presence or the quantity of albumin. It is only rarely that I have experienced any difficulty from this source, although I have used the method long and frequently. Where any doubt arises, it may be readily cleared by the nitric acid and heat test, as the urates dissolve when the mixture is warmed.

Esbach's method has been carefully investigated by Dr. Guttman, who reported the results in the *Berliner klinische Wochenschrift*, of February 22d, 1886. Guttman made numerous comparative experiments with Esbach's tubes, and with the determination of the albumin by precipitation and weighing, and found that the agreement of the two was very accurate; sufficiently so, at any rate, to answer all practical purposes. Thus he found:

- | | | | |
|----|---------------------|--------|-----------|
| 1. | By Esbach's method, | 0.5 | per cent. |
| | “ Weight, | 0.5007 | “ |
| 2. | By Esbach's method, | 0.4 | “ |
| | “ Weight, | 0.376 | “ |

Such differences are sufficiently minute for us to disregard entirely at the bedside of the patient, and teach us that in Esbach's method we have one that is admirably adapted to clinical examination of the urine.

When the urine contains more than 0.7 per cent. of albumin—which does not, however, very frequently occur—the urine may be diluted with its own volume, or two or three or four times its volume of water, before making the test and the result multiplied by the figure indicating the dilution. Thus, if we add to one part of urine three parts of water, and then find that in Esbach's tube the sediment after twenty-four hours stands at 6, the quantity of albumin in the original urine will be four times 0.6 or 2.4 per cent.

BERGEON'S METHOD OF GASEOUS RECTAL MEDICATION.

By J. H. PARKINSON, L. R. C. S.

Sacramento, Cal.

This method has attracted universal attention as much by its novelty as from the results which the most reliable authorities state have been obtained. The fatality of phthisis and the helplessness of ordinary therapeutic measures in the face of this dreaded disease, has impelled practitioner and patient alike to grasp the idea as a possible source of relief. The method is being tried on every hand, and, as Dr. H. C. Wood humorously puts it, * “the destroyer of phthisis germs and the characteristic phenomenon of the pulmonic hospital, bids fair to be a caoutchouc bag, a bottle of bad smelling solution, and a rectal tube and nozzle.”

The system is founded on the fact which was demonstrated thirty years ago by Claude Bernard, that carbonic acid gas when injected was readily absorbed by the intestines and exhaled by the lungs without poisonous effects. This was found to be equally true of sulphuretted hydrogen, though the recent experience of Dr. Osler† shows that it must be used with proper precautions. The carbonic acid gas simply acts as a vehicle and diluent; it guards the intestinal mucous membrane from the irritant effect of the sulphuretted hydrogen, which is the real medicinal agent. This is the view entertained by Bergeon—and it should be borne in mind that his statements are founded on many experiments and a clinical experience of two years.

Recently Dupont, and Dujardin Beaumetz claim that the same effect can be obtained by carbonic acid inhalation, by

* Therapeutic Gazette, April, 1887.

† Journal American Medical Association, April 2, 1887.

which means the former has given as much as 150 litres in twenty-four hours. Sulphuretted hydrogen in solution has also been suggested. Dr. H. C. Wood* urges this as a more accurate method, and says: "I have tried the sulphuretted hydrogen water in as many cases as I have been able to get * * the effects upon the disease have seemed to be entirely similar to those produced by the injections." There are, however, few to whom the solution would not be most offensive and many would be unable to bear it. One peculiarity of the treatment is, that the bacilli were present in the sputa in undiminished quantities, and that sulphuretted hydrogen has no effect on these organisms. It seems that the gas simply acts as an application to the exposed lung surfaces—and this opinion is most rational, as it has proved efficacious in such diseases as bronchial catarrh, asthma and whooping cough.

Dr. Bergeon's method† consists in passing carbonic dioxide through a solution of sulphuretted hydrogen, and then by a rectal tube into the intestine of the patient. He prefers a natural sulphur water to any artificial solution, and states that the only agent which satisfactorily replaces it is the fluid sulphuret of carbon. In the Philadelphia Hospital the solution (24 ozs.) at first contained five grains each of the chloride of sodium and sulphide of sodium, but this has since been doubled. Dr. H. C. Wood says* that probably the chloride of sodium is unnecessary, and that the carbonic dioxide acts directly on the sodium sulphide, the reaction being represented by $\text{Na S} + \text{CO}_2 + \text{H}_2 \text{O} = \text{Na CO}_3 + \text{H}_2 \text{S}$.

The apparatus as used by Bergeon is one devised by his pupil, Dr. Morel. It consists of a generator, in which, by the action of dilute sulphuric acid on bicarbonate of soda the carbonic acid gas is formed; the gas passes from the generator into a caoutchouc bag, in which it is stored. To make the injection a bulb, similar to that on the ordinary Davidson syringe, is connected with the bag, and also by rubber tubing with a Wolffe's bottle, containing the sulphurous solution, from which emerges a second tube, with a rectal nozzle attached. If it is desired to use sulphuret of carbon, the bottle will contain water only, and the sulphuret is placed in a glass tube, plugged at each end with cotton, the tube being inserted between the bottle and the nozzle. By working the

* Therapeutic Gazette, April, 1887.

† British Medical Journal, December, 18, 1886.

bulb the gas is drawn from the bag and driven through the bottle, the speed of the injection being regulated by the hand of the operator and the quantity judged by the diminishing capacity of the bag. It is important to guard against the admission of atmospheric air, which appears to act as an irritant and causes tormina. With this end in view the air is expelled from the rubber bag previous to inflation by rolling it up tightly and the bulb is provided with the usual valves.

In Bergeon's generator the acid was poured into a funnel connected with a tube, through which it fell upon the soda—the flow was regulated by a stop-cock. This was very inconvenient and unsafe, as if the acid flowed freely, the gas being rapidly generated, would force the fluid through the tube and over the funnel to the detriment of its surroundings. If the stop-cock was turned, in the absence of a safety valve the generator was endangered. Dr. J. M. Stern* suggests a means of obviating this defect. He replaces the straight tube by a "Welter's double-bulbed acid safety tube," no stop-cock being used. Even this required much care and watching, and he now uses a generator which resembles a gasometer for storing illuminating gas. The carbonate is suspended in the inverted bell, the acid taking the place of the water in the gasometer. As the gas is generated the acid is displaced and only returns when the carbonic dioxide has passed over. Bergeon's apparatus is open to the objection that it is clumsy and inconvenient, and that there is no certainty of the quantity of gas injected.

The apparatus which I am now using was exhibited at the meeting of the State Society by Dr. Wm. Watt Kerr, of San Francisco, and while not less cumbersome, it is very much superior in other respects. Instead of the bulb an easily regulated water-pressure is provided, the caouchouc bag is replaced by a glass receiver, the water level in which shows at once the quantity of gas delivered, the rate of delivery, and that remaining. The Wolffe bottle is retained, but instead of the straight tube of Bergeon a T tube is introduced in its place, to which is attached, by a rubber connection, a small glass bulb, which contains the sulphuret. This addition, which was suggested by Dr. Kerr, enables the amount of carbon sulphuret consumed to be accurately estimated, which was impossible when the cotton pledgets were employed. It

* Medical Register, April 30, 1887.

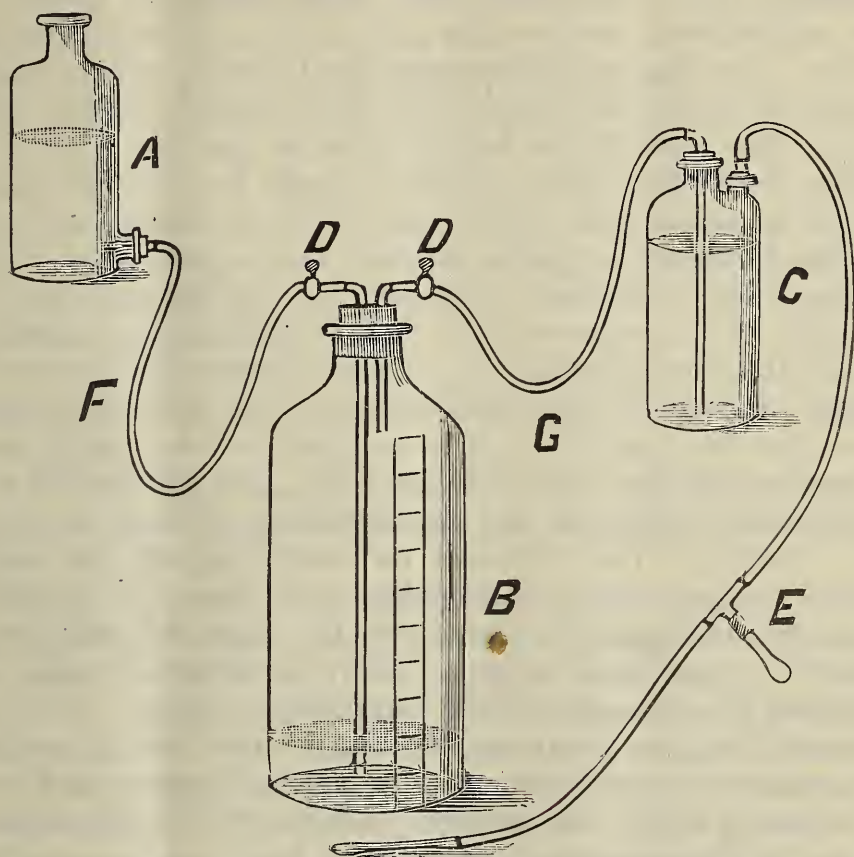
can be readily seen that the California apparatus possesses many points of superiority, not the least of which is that it works mechanically, and when once started only requires to be kept going.*

A few simple directions for using the apparatus may be useful. The generator is provided with a rubber stopper carrying two tubes, one bent at an angle allows the gas to escape; the other is an acid safety tube with one bulb, attached to the lower end of which is a small S tube terminating in a point. This, by allowing the acid to pass slowly, prevents an excess of gas being generated while the curves and bulb diminish the force of the upward gas pressure, should such a result occur. To generate the gas put one and a half ounces or two tablespoons full of bicarbonate of soda in the generator, pour in enough water to rise about two inches from the bottom, shake the mixture and then insert the rubber stopper tightly. Pour the acid (dilute sulphuric 1 to 4,) into the funnel until the bulb on the tube is full and afterward add in small quantities as required. The receiver (B) which has been prepared by filling it with water, is then attached to the generator by the hose (G), the end of the hose (F) is placed in a bucket and both stop-cocks (D D) are opened. The gas entering the receiver by the tube (G) displaces the water which rises through the tube (D) and flows into the receptacle. When the water has sunk to about a quarter of an inch above the orifice of the tube (F) close both stop-cocks and disconnect the generator. These directions are sufficient to show the working of the generator, but the physician who is not a practical chemist must experiment for his own benefit before he gets everything into working order.

The cut shows the apparatus in position to administer the gas. I will now briefly describe the preparation of the patient and the manner of making the injection. It is recommended to give the injections twice daily, one hour before or three hours after a meal. The quantity of gas at first should be one quart for each operation, gradually increased to four quarts; the time to be occupied in the administration is variously stated, but six minutes to a quart may be taken as approximately correct. The generator is attached to the

* The principle of the water pressure bottle and receiver was suggested by a patient in one of the San Francisco hospitals, but its practical application is due to Dr. Kerr.

water pressure bottle (A) by the hose (F), the Wolffe bottle (C), in which is placed sulphide of soda† 5 grs., chloride of soda 5 grs., water 24 ozs., is then connected with the receiver by the hose (G) and the rectal tube is attached. If the stop-cocks are now turned, the water in the bottle (A) descends and forces the gas through the tube (G) into the Wolffe bottle



A.—Water pressure bottle. B.—Receiver, with capacity of 8 pints, for storing gas; the water level shows on the scale* the amount which has been injected. C.—Wolffe bottle. F G.—Connecting hose, showing stop-cocks at D D. E.—Glass bulb on rectal tube for carbon sulphuret.

from which it emerges charged with the sulphuretted hydrogen.‡ The rate of flow of the gas can be regulated by the stop-cocks or by raising or lowering the bottle. The patient's

* This scale should only have eight divisions.

† As the sodium sulphide is a very unstable salt and not always procurable, I have substituted the potassium sulphide without disadvantage.

‡ Dr. Stern (*Med. Reg.*, April 30, 1887) calls attention to the fact that as water absorbs about its own volume of carbonic dioxide, when artificial water is used it will be necessary with 24 ozs. of solution to pass a gallon of the carbonic dioxide through it before the sulphuretted hydrogen will be freely colored. The solution which was greenish and clear will then be milky and opaque.

clothing should be loose. The position varies with the administrator, some recommending the recumbent, others Sim's position, that on the side is very convenient. The rectal nozzle is then introduced and the injection proceeds. The operation should be painless. If pain is complained of, more time should be taken or the injection may be temporarily suspended. If it is decided to use carbon sulphuret instead of the sulphuretted solution, the glass bulb (E) is detached at the rubber joint, the sulphide poured into the bulb, which is again attached; in this case the Wolffe bottle should contain water only. The water in the bottle (A) must not be allowed to fall as low as the outlet, and all through the operation care should be taken to avoid the admixture of atmospheric air.

This treatment requires practice and a good deal of patience. The objections to it are the trouble and care demanded in the preparation of the gas and its administration. While the time occupied in both is considerable, the results which are said to have been obtained are certainly greater than have been yielded by other methods in this class of cases. These results have been obtained by good authorities and experienced clinicians, and already many of them are from this country. The universal testimony is that the cough lessens, expectoration diminishes and loses its purulent character, the appetite returns and the improved nutrition is shown by increased weight. Even in advanced cases the sweating has ceased and the temperature fallen. It is not claimed that the treatment is curative, nor that it renders unnecessary that strict attention to general hygiene and careful dieting which has hitherto been the rule in this disease. As to the permanency of the results, there can be no settled opinion, and further time will be required for positive demonstration, but the immediate effects are certainly attainable in the majority of cases. My experience has been too limited to justify me in publishing confirmatory evidence. I have endeavored in this paper to indicate the method by which the treatment can be most satisfactorily pursued, with the opinion of those best qualified to direct. Accidents have happened and unfortunate results have been noted, but the preponderance of evidence should induce every progressive physician to try it for his own satisfaction.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.

DOES THE USE OF ANÆSTHETICS DURING LABOR INCREASE THE LIABILITY TO POST-PARTUM HÆMORRHAGE?—In parturition, DR. FORDYCE BARKER regards chloroform as the best and safest anæsthetic, and gives the following reasons :

1. Chloroform is less offensive and less irritant than ether.
2. The influence of chloroform is much more rapidly induced than that of ether. By the use of chloroform, therefore, we largely avoid the preliminary excitement produced by ether, and we restrict the administration of the anæsthetic to the recurring periods of uterine contraction, leaving the intervals comparatively free.
3. With chloroform we are able to regulate the degree of anæsthesia with a certainty and security that are not possible with ether.
4. As far as known, chloroform in cases of kidney disease is free from the danger first pointed out by Dr. T. Addis Emmet in the use of ether.

He has not seen any statistical evidence in proof of the oft-repeated assertion that the use of anæsthetics in labor increases the liability to post-partum hæmorrhage. What is termed uterine inertia is often but another name for uterine exhaustion, and this must be less likely to occur when the nerve force and vital powers have been saved by the use of an anæsthetic. The prolongation of labor often produced by chloroform is, in his opinion, more than counterbalanced by the advantages obtained by its use. In the large majority of cases his experience leads him to believe that the use of chloroform shortens labor. He is certain it does so in all cases in which the pains are either diminished or suspended by extreme sensitiveness and fear of pain ; by either vivid moral impressions or hysteria ; by such maladies as rheumatism either of the uterus or of other muscular tissues ; by abdominal or lumbar pains distinct from those of uterine contraction ; by gripings in the intestines ; by cramps occasionally produced by pressure of the child's head on the sacral nerves ; and, finally, in all those cases either in which insufficient uterine action results from loss of sleep and extreme exhaustion of a prolonged first stage, or in which labor

is retarded by rigidity either of the os uteri or of the perinæum. In all these cases, and especially in all those complicated with cardiac disease, he believes that by shortening labor and preventing exhaustion chloroform anæsthesia materially diminishes the danger of post-partum hæmorrhage. [Abstract of paper read before Medical Society, State of New York, Albany, Feb. 1, 1887.]—*New York Medical Times*, April, 1887.

A CASE OF ACUTE IODOFORM POISONING.—This accident, reported by POLOSSKI, followed the introduction of iodoform crayons into a uterus, whose mucosa had been previously wholly abraded in the treatment of a chronic endometritis. The interest of the case centres in the fact that the quantity of iodoform introduced was very small—.75 gm. Three hours after the operation the symptoms appeared—nausea, vomiting, irregular, small, feeble, and at times almost impalpable pulse, convulsive respiration, cephalalgia, ringing in the ears, photophobia, general excitement. The presence of iodoform in the urine was demonstrated. On the second day physical disorders appeared, with continuous delirium, pulse 120, chronic convulsions of the nucha, face, fingers and toes, coldness of the extremities, mydriasis, pruritus, ischuria and icterus. On the fourth day abatement of all the symptoms, diminution of iodoform in the urine, progressive return to health.—*Annales de Gynecologie*, March, 1887.

PELVIC CELLULITIS.—DR. JANSEN R. GOFFE thus summarizes an article contributed to the *New York Medical Journal*:

Cellulitis has been dethroned from the prominent position it has held in uterine pathology and as a serious complication in gynæcological cases. In its place have come salpingitis and perisalpingitis, oophoritis and perioophoritis, lymphadenitis, and peritonitic bands and adhesions. That cellulitis does occur, I am not prepared to deny. It may indeed be present in all pelvic inflammations, but, if so, it is acute in its nature and comparatively harmless in its action, for it leaves no scars in its train. These conclusions are not based upon autopsies alone; clinical experience is accredited its right to judgment. But clinical experience in this matter has been transferred from the uncertain test of digital touch and bimanual manipulation to the crucial test of laparotomy. If, then, the pathological processes of the pelvic serous membrane found upon autopsy and laparotomy will account

for all the pathological conditions formerly attributed to cellulitis, while inflammation of the areolar tissue of the pelvis has only slight confirmation upon autopsy or laparotomy, the balance certainly swings strongly to the former. And, in dealing with inflammatory affections of the pelvis, we must bear in mind that there is the highest probability that the tissue involved is a serous membrane.—*American Medical Digest*, November 15, 1886.

THE MECHANISM OF THE THIRD STAGE OF LABOR.—From a study of seventy cases, DR. CHAMPNEY gathered the following points: 1, Moderate hæmorrhage was normal to the third stage of labor; 2, the placenta presented in the great majority of cases by a point on the amniotic surface; 3, the presenting point was almost invariably near the lower edge of the placenta; 4, the position of the presenting point varied with the position of the placenta; 5, the “inversion” of the placenta was not due, in the great majority of cases, to traction on the cord, but was part of the natural mechanism. It was probable, therefore, (1) that, in addition to the reduction of the placental site, some escape of blood played a part in the ordinary mechanism of placental detachment; (2), the slight inversion of the placenta which did take place was probably due to this cause; (3), the effusion of blood was not, in ordinary cases, sufficient to form a large mass bulging into a large uterine cavity behind the placenta.—*British Medical Journal*, April 16, 1887.

COCAINE IN THE UNCONTROLLABLE VOMITING OF PREGNANCY.—In the *Centr. Bl. f. Gynaekol.*, DR. ENGELMANN reports the case of a woman twenty-five years of age, who, in the third month of pregnancy, became extremely emaciated and exhausted from uncontrollable vomiting. As all other means had failed, the author prescribed ten drops of a ten per cent. solution of cocaine three times a day. The vomiting abated at once and soon ceased entirely. In two other, but milder cases, the remedy was equally successful. No untoward symptoms appeared.—*Schmidt's Jahrbuecher*, B. 213, No. 3.

PREVENTION OF PENDULOUS ABDOMEN.—DR. BAELZ ascribes the absence of this deformity in Japanese women to the fact that in the later months of pregnancy they wear a soft, well-fitting abdominal bandage, which, after delivery, they pad well with cotton, so as to fit the body, and wear some fourteen days longer.—*Centr. Bl. f. Gynaekol.*, *Schmidt's Jahrbuecher*, B. 213, No. 3.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

EXTRA-PERITONEAL RUPTURE OF THE URINARY BLADDER.—In the *New York Medical Journal*, of April 30th, 1887, DR. C. K. BRIDGON reports two cases under the above title. Both were the result of direct violence. The first case was complicated by an oblique fracture of the descending ramus of the left os pubis, and a second fracture through the body of the right pubic bone. Laparotomy was done, the vesical laceration exposed, a silver catheter was passed *per urethram* and secured for drainage purposes; the operative wound was supplied with a rubber drainage tube and a careful antiseptic dressing. The case went on to ultimate recovery, although for several weeks urine persisted in escaping through the abdominal wound.

The second case was somewhat similar in character, being also complicated by a fracture of the pubis, one inch from the symphysis. Perineal section was first performed, with an unsatisfactory result; hence abdominal section was resorted to. By this means a long laceration in the anterior vesical wall was detected. Both wounds were provided with free drainage and careful dressings, but the patient died four days later. The cause of death (there having been no autopsy) was thought to have been undiscovered lesions within the abdominal cavity.

The causes of simple extra-peritoneal rupture of the urinary bladder are over-distension, due to urethral obstruction. Various pathological changes in the walls of the organ predispose to this accident. In the cases due to violence and complicated by fractures of the bony pelvis, distension is also an important, if not constant condition. The symptoms are, a feeling as of something giving way either after direct violence, or attempts to empty the bladder, hypogastric pain and frequently evidences of shock. Exploration, manual and instrumental, will confirm the diagnosis where the lesion exists. The author recommends early operative measures as in simple extravasation. Perfect drainage is essential to success, and for this purpose a perineal section will usually be necessary.

CEREBRAL SURGERY.—In the *British Medical Journal*, of April 23d, 1887, MR. VICTOR HORSLEY contributes a most valuable article upon this topic, together with a report of ten consecutive cases. Attention is called to the fact that

resort to surgical treatment should be had only after treatment by drugs has proven of no avail. Diagnosis of disease of the central nervous system depends upon localization, which is believed to be a possibility. Surgical procedure in the later stages of disease is hopeless; hence the attack must be made as early as possible. As an anæsthetic, chloroform is selected, its administration being preceded by a dose of morphia. Much stress is laid upon the great caution that must be used in producing anæsthesia by this agent at any time, but more especially after the dura mater has been opened. The old crucial incision is abandoned and flaps are formed with special reference to arterial distribution. The periosteum is elevated with the scalp and not as a separate layer. In sawing the bone an inch disc is first removed with a trephine to discover its thickness. Afterwards a piece of the required size is separated with a circular saw attached to a surgical engine. Portions of the dura mater adherent to tumors are generally much altered and must be freely excised. The cerebral growth having been exposed should be entirely removed. No tissue, which is of doubtful character, should be left—and experience has shown that the most malignant tumors may be successfully attacked. There seems to be no urgency for special precautions in the way of drainage. The most dependent part of the wound may be left open; but, aside from this, first intention is regarded as highly desirable. The arachnoidal, like the peritoneal cavity, may be trusted to absorb excess of fluid. Strict adherence to Listerism is recommended, each detail receiving due attention. The spray is regarded as especially adapted to douching this class of wounds. No special line of procedure in way of after treatment is regarded as essential. The faradic current is efficient in accelerating recovery of power. This is applied from the vertex to the affected muscles. Solid food is permissible as soon as craved, and the usual precautions urged for invalids are observed.

PERINEAL ABSCESS AND URINARY FISTULA.—In the *New York Medical Journal*, of March 26th, 1887, DR. F. W. ROCKWELL discusses the above subject at length, his views being aptly illustrated by reports of several cases. These conditions are by no means always dependent upon advanced urethral stricture or traumatism. Specific urethritis, while a frequent, is not a constant factor. Otis has clearly demonstrated that in all such cases a stricture is present anterior to

the fistulous opening, This stricture may not be in any sense formidable so far as micturition is concerned. It simply forms a slight impediment, behind which collects epithelial and mucous debris, beneath which a urethral follicle becomes inflamed, the urethral floor is thinned, and the conditions necessary for extravasation are established. If such a lesion be slight, absorption and, perhaps, obliteration of the follicle results; but if greater, fresh inflammation, burrowing, and the formation of a true phlegmon occurs.

It is during this early stage that the inexperienced attendant is liable to error in diagnosis. The first symptoms, in a certain number of cases, are by no means grave; hence the real nature of the case occasionally escapes notice. As a rule, however, the manifestations, both local and constitutional, are so acute and threatening as to admit of no doubt and render immediate investigation imperative. To this end the recent methods of precision in stricture treatment are invaluable. In deeply-seated lesions an early diagnosis is of the utmost importance, as at this period cure of the fistula or abscess and its provoking cause, the stricture, may often be achieved by a single operation. But whether the seat of trouble be near the meatus, or in close proximity to the bladder, operative interference must be the surgeon's reliance for relief. The importance of an early opening in these cases is so great that no time should be lost in waiting for fluctuation. Even if no defined tumor can be made out, the existence of heat and perineal swelling in a patient, who with the history of a deep-seated stricture, has been suddenly seized with pain in that region, difficult micturition, and general febrile disturbance, is sufficient to warrant a long, deep incision through the deep layer of perineal fascia in the median line. The urethra need not of necessity be always incised, as occasionally the original fistula will have been closed by plastic deposit.

"The danger of delay arises during the first few hours, and is intensified with every hour lost. It is at this very period that the golden opportunity of averting disaster is lost by indecision on the part of the physician or patient." The foregoing are the author's words, and are substantiated by his report of a fatality wherein the result was largely, if not entirely, due to the fact that treatment advised at an early period was declined by the patient, and also to his reckless disregard of orders, when a late operation had rendered recovery almost certain.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

A CASE OF TOBACCO AMBLYOPIA IN A LADY.—DR. J. J. CHISHOLM, in the March number of the *American Journal of Ophthalmology*, gives an interesting case, which goes to show that women possess no immunity to the poisonous influence of tobacco.

Mrs. A——, æt. 40, consulted him for faulty vision, which glasses would not relieve. About three months previously reading became difficult. Glasses overcame the trouble for a short time only, and the vision became more foggy, until everything appeared to be in a haze. When first examined she could slowly decipher No. 10 of Jaeger's test types, but that would not permit her to read ordinary book print, which she could readily do three months before. She had in a measure lost appreciation for color. Ophthalmoscopic examination showed a healthy appearing retina and optic nerve and clear media. The doctor was at a loss to account for the dull vision, when, by a casual remark, he elicited the fact that she indulged in tobacco. She had smoked a pipe regularly with her husband for years, but never drank even wine. She promptly stopped the use of tobacco, and was put on strychnia, in full doses, for two months, at the end of which time the sight was completely restored.

Dr. Chisholm says that he lives in a country where the use of tobacco is almost universal, and that he frequently sees cases of amblyopia directly traceable to tobacco. He has never seen poisoning from the use of snuff, nor a case of amblyopia from chewing alone. It is not always the amount of tobacco consumed which affects the nerves, although most patients acknowledge the abuse of the article. One patient who smoked only one-half of a cigar a day—the effect being so profound that he could smoke no more—had the sight much impaired from it. When it was abandoned the sight returned to normal. The doctor gives unusually large doses of strychnia by the mouth. He gradually increases the dose, until at last the patient takes from one-tenth to one-eighth, or even as much as one-fifth of a grain, three times a day.

TOBACCO AMBLYOPIA RAPIDLY CURED BY WITHDRAWAL OF TOBACCO AND HYPODERMIC INJECTIONS OF STRYCHNIA.—The victims of tobacco amblyopia are usually people who smoke strong and poor quality tobacco, in excessive quantities, in

pipes. The following cases, however, reported by DR. H. ARMAIGNAC in the *Revue Clinique d'Oculistique*, for March, 1887, show that cigarettes are capable of producing the disease.

Dr. Armaignac's patient was an engineer, forty-three years old, who had smoked twenty-five cigarettes daily for many years. During the past year he had noticed that his vision for both near and distant objects had become considerable weaker. Since the three months previous to March 5th, 1886, the amblyopia had increased more rapidly, until the vision was reduced to five-eightieths in each eye. The whole visual field seemed to be covered by a thin veil. The amblyopia was not more pronounced at night than during the day, provided the illumination was sufficient. Color vision and extent of visual field were normal. A careful ophthalmoscopic examination did not reveal the slightest perceptible change in the fundus of the eye. The patient's habits were good, and he did not drink alcoholic beverages. Believing it to be a case of amblyopia due to the toxic effects of tobacco, the doctor ordered its discontinuance and ordered the hypodermic injection of two centigrammes of sulphate of strychnia. After the first day's treatment his sight improved, and in twenty-five days the vision had become absolutely normal. Since that time there had been no relapse.

NASAL POLYPI.—DR. WM. R. BELL, in the *Canada Medical Record*, describes a new, painless and simple method of removing nasal polypi. His patient is instructed to blow strongly through the affected nostril while the other is closed with the fingers. With a hypodermic syringe he then injects into the tumor fifteen or twenty minims of a solution of tannin in water (twenty grains to a fluid drachm). In a few days the tumor shrivels, dries up and comes away without trouble or pain, the patient usually removing it with his fingers or by blowing his nose.—*Medical Register*, April 30th, 1887.

A FAMILY HISTORY OF BLINDNESS FROM GLAUCOMA.—DR. LUCIEN HOWE, in the *Archives of Ophthalmology* for March, gives an interesting family history of a distinct hereditary tendency to glaucoma. In this family there were eight well marked cases in three generations.

The first generation in which the doctor traced the disease, presented one case, that of George D——. George's wife

had normal vision, but two of his six children, George and Catharine, were similarly affected. The wife of this George also had perfect vision, and three of their five children suffered from glaucoma. George's sister Catharine married a man with good sight, and they had four children, two of whom also had glaucoma.

Dr. Howe has examined six of the eight, and the history of the other two is sufficiently definite to warrant the conclusion that the same trouble existed in them. Four of the eight have been operated upon and the iridectomy has at least prolonged the duration of vision for three. Five have been totally blind in both eyes, two in one, and in one the vision is slightly affected in one eye. Since von Graefe's time glaucoma has been known to be hereditary, but the doctor says he is not aware of any case where an opportunity was offered of determining the existence of the disease in so many individuals of one family.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.,

COLLECTIVE INVESTIGATION—HAMAMELIS AND TEREbene.—The Collective Investigation Committee of the British Medical Association, through its Chairman, Dr. ISAMBARD OWEN, has made a preliminary report on the action of Hamamelis and Terebene, of which the following is an abstract:

Hamamelis—The form of preparation you employ, the doses? Is it efficacious in checking epistaxis? Hæmoptysis? Hæmaturia? Menorrhagia? Piles? Is it efficacious in the treatment of any other form of disease? Has it given rise to disagreeable symptoms?

The observer was requested to state upon how many cases of each affection his experience was founded. Forty-one reports to this series of inquiries was received. Tinct. Hamamelis was the more general form of the drug used. Its benefit in all the cases used was distinctly recognized, and, in addition to the diseases above specified, Hamamelis was recommended in the treatment of the hæmorrhagic diathesis, in catarrhs of the air passages, especially the upper regions, in some forms of diarrhœa, in prolapsed rectum and in chronic catarrh of the uterus.

Terebene—The inquiries upon this subject were: What is your experience of its effect in chronic bronchitis? Chronic

pharyngitis? Chronic trachitis? Subacute or chronic laryngitis? Phthisis? Whooping cough? Pure asthma, not connected with bronchitis? Cystitis or gleet? Acidity? Flatulence? As an anthelmintic? Is it efficacious in the treatment of any other disease? Have you found it give rise to any disagreeable symptoms? How many cases of each affection do you base your experience upon? To this form of inquiry but twenty-six replies were received. From these it could not unfairly be concluded, from the weight of affirmative statements, that pure terebene is a drug of considerable value in shortening the course of chronic catarrhs of the air passages, though hardly to be considered as a specific. Flatulence and acidity of the stomach, it appears to not unfrequently relieve. There was no certain evidence of any untoward effect from its use.—*British Medical Journal*, April 9, 1887.

IODOL IN DIPHTHERIA.—DR. L. L. STEMBO, of Vilna (Proceedings of the Vilna Medical Society), tried the new germicide iodol, by local application in seven cases of diphtheria, two of which were very severe, with gratifying success. The duration of treatment was four to seven days. Its harmless character, freedom from unpleasant taste or smell, painlessness of application and absence of any bad secondary effects, such as loss of appetite or nausea, are the advantages claimed.—*British Medical Journal*, April 9, 1887.

PICRATE OF AMMONIUM IN MALARIAL FEVER.—This drug in doses of one-eighth to one and one-half grains in pill form four times a day, has been used with signal effect in malarial fevers of the intermittent type in India. H. MARTIN CLARK, of the Amritsar Medical Mission (*Lancet*, Feb. 19, 1887), ranks it as the equal of and a substitute for quinine. The record was kept of five thousand cases treated with this agent. One-half grain dose in the interval prevented the next attack of fever, or in about twenty per cent. of the patients two or three attacks followed before the fever ceased. Its advantages over quinine are described as follows: 1. It is much less expensive. 2. The dose given is much smaller. 3. It produces no unpleasant effects, as headache, deafness, tinnitus, nor disorders of digestion as quinine in large doses is apt to do.—*Therapeutic Gazette*, April, 1887.

ABSORPTION OF DRUGS BY LANOLIN OINTMENT.—DR. PAUL GUTTMAN, *Ztschr. f. klin. Med.* xii, 3, 1887, dissents from

the generally accepted idea that lanolin promotes the absorption of medicaments to a greater degree than other bases of ointments. His trials were with iodide of sodium, and salicyl-lanolin, and are accurately recorded. These lead to the conclusion "that lanolin has in this relation no greater value than the usual fat" basis of ointments.—*Schmidt's Jahrbuecher*, April 15, 1887.

AN UNCONSIDERED FACTOR IN THE MOUNTAIN CURE OF PHTHISIS.—DR. C. CREIGHTON, in the *British Med. Journal*, April 16, 1887, deduces from the observations of M. Paul Bert (*Comptes Rendus* of the Paris Academy of Sciences, vol. xciv, 1882,) a new therapeutic consideration of the higher altitudes in regard to the cure of consumption. These observations have reference to the oxygen absorbing capacity of the blood of animals acclimated to altitudes of 12,000 feet on the Bolivian plateaus. Such blood, it was discovered, had half again as great absorptive power for the oxygen of the air, as that of animals acclimatized to the sea levels. Creighton, upon this basis, reasons that the remarkable cures or cessations of phthisis in mountain climates are due to this same oxygen increased capacity of the blood, and the consequently greater strength of the system in repairing the waste of tissues.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement

Postponed Meeting, Tuesday, April 26, 1887.

H. L. NICHOLS, M. D., in the Chair.

A Case of Intestinal Obstruction was reported by T. W. HUNTINGTON, M. D., who exhibited the specimen.

D. P——, brakeman, age 30 years, admitted to Southern Pacific Company's Hospital April 19th, 1887. About one week ago, April 12th, while near Truckee, was attacked suddenly by violent abdominal pains, confined, at first, to the right lumbar and inguinal regions. Started for Sacramento, pain increased rapidly, and being entirely prostrated was removed from train at Alta, where he was treated by a local

physician. Numerous large enemata were administered, and occasionally a cathartic. Prominent symptoms were great pain, extending over entire abdomen; distension; constant vomiting. I saw him in consultation on the 14th; advised abandonment of enemata and cathartics, and ordered sulphate of morphia subcutaneously as required. Under this treatment he "improved rapidly," according to attending physician. Bowels said to have moved quite naturally, and most of the symptoms subsided.

On the morning of April 19th was brought to the Hospital. He at once complained of renewed abdominal pains; vomiting and tympanitis recurred and he grew rapidly worse. A day or two later, however, there was another apparent improvement, but it was only temporary, and patient died April 25th. On admission to Hospital there was discovered at the seat of original abdominal pain a resistant feeling, as though of a mass of indurated tissue. There was also great tenderness at this point, with slight prominence over it. The treatment pursued after entrance was confined to the administration of opium by the mouth, and morphia hypodermatically, with hot fomentations locally, and liquid diet.

Autopsy, by DR. McKEE.—Great omentum and coils of small intestine glued together by soft adhesions. Small intestine greatly distended by gas. The lower bowel, as high up as ileo-cæcal junction, collapsed and empty. The ileum, at a point about fifteen inches from its junction with cæcum, found to be twisted upon itself, about eight inches of the gut being knotted and firmly bound together by adhesions. Surface of portion thus involved covered with fibrine, and the intestinal walls were approaching a gangrenous condition. There were also evidences of a general peritonitis.

DR. CLUNESS inquired as to the exciting cause of the obstruction. DR. HUNTINGTON said that it was unknown; there was an indistinct history of a blow upon the abdomen the previous day.

DR. G. A. WHITE reported a case of *Excision of the Superior Maxilla*. (See page 127.)

DR. G. L. SIMMONS read a paper on *Sacramento and the Relations of its Physicians to its Prosperity*. The paper, which was of a general character, traced the rise and progress of the city, and dwelt on the improvements, which the profession should encourage by every means.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: JUNE, 1887.

THE TRANSACTIONS OF THE STATE SOCIETY—THE FACTS IN THE CASE.

We object to personalities, and shall at all times endeavor to avoid anything which savors of a conflict, yet there are occasions when it becomes impossible to pursue this course. An editorial in the May number of the *Pacific Medical and Surgical Journal* contains several misstatements, and much misrepresentation; we therefore propose to give briefly "the facts in the case."

Taking the statements in the order in which they appear, we are satisfied that the great increase of membership at the meeting of 1886 was mainly due to the exertions of the then Secretary of the Board of Examiners. Dr. Plummer had succeeded in organizing several county societies, and the impetus given to the matter resulted in an increase of applicants. That year the new members amounted to 136, at the last meeting the number was 32; difference, 104. Before the Society published its proceedings in the San Francisco journal, the minutes of the session had often appeared in journals elsewhere; and there are no doubt many which would be quite ready to give them immediate and gratuitous publicity in the future. If the furnishing of interesting matter to a journal by a society—that journal not being the property of the organization—with liberal payment for publication of the same, is not "supporting the enterprise," we fail to find another interpretation. We believe that the Sacramento gentlemen can see things quite clearly, and that others may have equally distinct vision is the purpose of this article.

We repeat that the charges for reprints have been excessive, but we do not think that anyone from Sacramento was guilty of the absurdity of making a rate per copy. In fact, no sum was mentioned, but the rates obtained from a local firm, figured by pages and number of copies, averaged fifty per cent. lower than the ruling prices. It is stated that the *Pacific Medical and Surgical Journal* has lost money each year in printing the Society's transactions, and yet it seeks to continue the ruinous course. This is indeed disinterested, but it may be possible to figure in another way. Our contemporary says that the dissatisfaction with the publication of the proceedings in its pages emanated from "a small clique in Sacramento." In reply to this, we would state that the resolution of direction to the Committee on Publication was proposed and seconded by San Franciscans, and after much discussion carried unanimously. That the motion to reconsider the action of the Society was only carried in *San Francisco* by 29 to 23, and then, under a misconception. That the speakers against the exclusive method of publication were by a majority, resident outside of Sacramento.

It is sought in effect to create an issue between the publication of the Society's transactions in volume form, or in the *Pacific Medical and Surgical Journal*, to the exclusion of other journals in the State which it can be fairly assumed have equal facilities for performing the work. The mental perversity of this position can, perhaps, best be understood when it is recollected that the late chairman of the Committee on Medical Education, in his report, asked the Society to join with him in thanking the Supreme Being that he had but one additional competitor in the field of legitimate journalism in this State during the past year! In Western parlance we want a "square deal" and we propose to have it. When the Society decides to publish its transactions in a private journal the undertaking must be open to competition, so that the "best interests" of the membership can be served, by procuring the most desirable service at the lowest rates.

With regard to the disinterested theory, and the question of financial loss, we believe that the real aspect of the case is as follows. We do not doubt that the cost of printing the matter according to contract and doing other work not required thereby, has each year exceeded the amount specified. As we understand it, however, the *Journal* consists of a certain number of pages each month which must be filled; it has also, in common with other periodicals, a guaranteed circulation. It would therefore appear to an outsider that the *Pacific Medical and Surgical Journal* had been furnished with a great deal of interesting matter which has helped to fill its pages; in addition to this it has received a considerable sum of money, and by the added prestige of being the "official organ of the State Society" it has nearly quadrupled its advertising patronage. We did not seek this discussion, nor will we be lead into a controversy. Our object has been to place the "facts in the case" plainly before our readers, to whose impartial judgment and common sense we now leave them.

A QUESTION OF PRIVILEGE.

The full text of the Presidential Address delivered before the State Medical Society at its last meeting appears in the *Pacific Medical and Surgical Journal* for May. It must be well known that this proceeding is in open violation of the rules of the State Society, and is therefore a matter of considerable gravity. All papers presented to the Society are referred to its Committee on Publication, which alone is responsible for their appearance, and there is no other channel through which they can be issued.

In this connection, we desire to state that, while ever ready to aid our contemporaries, and while we are pleased that they should avail themselves of anything which may appear in our columns, we must request that the invariable rule of journalism be followed, and that such abstracts be duly and properly

credited. We, therefore, object to the report of the proceedings of the State Society which appeared in the May number of *THE TIMES* being republished in the *Pacific Medical and Surgical Journal* for May, without any acknowledgment of its source.

THAT most enterprising journal, the *Medical Register*, announces that during the meeting of the Ninth International Congress it will appear daily. Non-subscribers who desire to obtain full and accurate reports of the Congress can receive this special edition on payment in advance of 50 cents.

AT the last meeting of the State Society Dr. A. L. Gihon ably availed himself of the opportunity afforded, to urge upon the Society the claims of the Rush Monument Fund. A resolution in the following terms was unanimously adopted: "That the Medical Society of the State of California endorses the project to found a monument to Dr. Benjamin Rush, and recommends that at the next annual meeting, members be prepared to pay their contributions." We take the opportunity of again directing professional attention to this very worthy object.

THE *Journal of the American Medical Association* has been steadily growing in favor with the profession, and has already done good service for the Association. Its issue of May the 7th deserves more than a passing notice. As it contained a partial programme, together with a great deal of information relating to the coming meeting at Chicago, a large edition of 25,000 copies was printed, the distribution of which will insure its wide dissemination. The advertising department of this special issue, consisting of twenty-three pages, is neatly and tastefully arranged. It is unnecessary to do more than mention the excellence of the typography and the general make-up of the *Journal*, which leaves nothing to be desired. A brief financial statement which appears in this number shows that as a business enterprise the printing and publishing of the *Journal* by the Association directly has proved most successful. We believe that if measures are taken to extend the scope of the Association, this extra edition will in the not remote future be a weekly reality.

SPECIAL CORRESPONDENCE.

LONDON.

[FROM OUR OWN CORRESPONDENT]

Laparotomy for Injuries.—Brain Surgery.—Unusual Cases of Intestinal Obstruction.—Moore's Treatment of Aneurism.—“Congenital Dislocation of Hip.”—Death Rate in English Towns.—A New Society.—The General Medical Council and the Apothecaries Society.

Sir William MacCormac delivered the Annual Oration before the Medical Society of London on May 2d; he took for his subject “The Treatment of Intra-peritoneal Injuries,” and urged a more frequent resort to laparotomy. Several cases, which have been on the whole very satisfactory, have recently occurred in London, and there can be little doubt but that we shall soon have a sufficient number of cases to enable surgeons to arrive at a definite opinion; it seems most probable that this will be more favorable to the performance of the operation in at least a very large proportion of cases. Any other line of treatment is so hopeless that laparotomy, whatever its risk and however unsatisfactory the ultimate condition of the patient may be, is certain to become popular. That a patient who recovers from the primary effects of the accident and the laparotomy but yet succumbs to the remote effects of the accident is sadly demonstrated by the history of Mr. Croft's recent case; he performed laparotomy for acute peritonitis due to injury and found rupture of the small intestine; he washed out the peritoneum, fixed the ruptured intestine in the abdominal wound by sutures, and the patient made an excellent recovery after the operation, but soon began to lose ground; the rupture was very high up in the small intestines, and it became apparent that nutrition was seriously impaired. Under those circumstances Mr. Croft again performed laparotomy and resected the gut in the hope of re-establishing the patency of the intestinal canal; the second operation was, however, too much for the patient's powers and he succumbed in a few hours.

The old surgeons used to operate with the most extraordinary boldness on the brain and cerebral meninges, and not only with boldness but with success. John Bell, in his work on surgery, the most entertaining of surgical treatises, collected a large number of cases from the writings of his pre-

decessors. The case of Prince Rupert is historical; that courageous but dissolute commander suffered from a disease of the skull which several times endangered his life; thus Pepys notes on January 15, 1664-5: "My Lord Fitz Harding * * * fell to discourse of Prince Rupert's disease" [foot note, *Morbus, scil. Gallicus*] "telling the horrible degree of its breaking out on his head. He observed also from the Prince that courage is not what men take it to be, a contempt of death; for, says he, how chagrined the Prince was the other day when he thought he should die." He got better, however, and went to sea against the Dutch in April, 1666, but in the following January (16th), Pepys notes: "Prince Rupert, I hear, is very ill; yesterday given over, but better to-day." On February 3d, the Prince was trephined "in a few minutes, without any pain at all to him, he not knowing when it was done. It was performed by Moulins. Having cut the outer table, as they call it, they find the inner all corrupted so as it came out without any force; and their fear is, that the whole inside of his head is corrupted like that, which do yet make them afraid of him." He was at once relieved by the operation, and made a good recovery, for, on April 3d, Pepys saw "Prince Rupert abroad in the vane-room, pretty well as he used to be, and looks as well, only something appears to be under his periwig on the crown of his head." The operation was also much resorted to for traumatic epilepsy, and the reports as to the number of times it was repeated in the same individual are almost incredible. The old surgeons, however, had a great respect for the arachnoid cavity, and always endeavored to avoid wounding the dura mater.

The modern revival of brain surgery is remarkable for the boldness with which the arachnoid is opened and the brain itself incised or excised. Mr. Victor Horsley, who was appointed surgeon to the National Hospital for Epilepsy and Paralysis, appears to have had more successful cases than anybody else. His method is well worthy of careful study. In the first place, he insists on the most rigid Listerian antiseptics; on the day before the operation the head is shaved, washed with soft soap and with ether; the point at which the operation is to be performed is next marked on the scalp, and then the head is enveloped in lint, soaked in carbolic oil (1 in 20), and covered with cotton, wool and oil silk; a purgative is given at night, followed by an enema in the morning.

Before the operation a hypodermic injection of a quarter of a grain of morphine is given; this drug causes contraction of the arterioles of the whole central nervous system, and an incision into the brain, therefore, produces very little hæmorrhage. Chloroform is then administered, a very small quantity only being necessary, a special warning being given to the anæsthetist on this point. Next as to the incision; the crucial form is very reasonably condemned, and instead a semilunar flap is recommended; this flap must be so made as not to divide the superficial temporal or occipital arteries, as the case may be, and the periosteum is raised along with the cutaneous structures; an aperture is then made in the skull with a trephine, and enlarged by the use of a circular saw driven by a Bomvill's surgical (or dentist's) engine. The dura mater, if adherent to the tumor or diseased area, is freely excised; but if not it is reflected. The surgeon is then guided by the appearance of the brain; if it bulges into the aperture in the skull intracranial pressure is probably excessive; that is to say, the tumor diagnosed before operation is probably present and may give further indication of its presence in an unnatural pallor or congestion of the cortex. In dealing with these cases of new growth, Mr. Horsley urges that the surgeon should incise freely and remove plenty of brain substance, otherwise the patient will not have his best chance against recurrence. The hæmorrhage is said to be slight, but it is necessary to cut with the knife exactly vertical to the cortex, and directed towards the corona radiata in such way as to avoid cutting more of the fibres entering it from the cortex than is absolutely necessary.

In the after treatment of the wound the great object aimed at is to obtain immediate union, and in order to obtain this Mr. Horsley is even willing to sacrifice the drainage tube. He sews the wound round closely except for one inch at the most dependent part. Tension is set up and may cause some pain about the third day, but the arachnoid, it would appear, may be trusted, like the peritoneum, to absorb any excess of fluid, and during the early days the tension is a positive advantage, not only by favoring absorption, but by preventing the tendency to primary union, and by holding all the parts taut, so to speak, until the young connective (cicatricial) tissue gets organized. Mr. Horsley, of course, has his critics as is the fate of all pioneers, but it is impossible to read his papers, or talk with him on the subject, without being deeply

impressed with the scientific enthusiasm with which he has investigated the subject, and the practical wisdom of the precautions and methods recommended.

Among the less common causes of intestinal obstruction is the impaction of a large gall stone in the small intestines. In one case, recently recorded, where complete obstruction had been gradually produced, a smooth, hard movable tumor could be felt on rectal examination, and, the patient being an old lady aged 78, a diagnosis of malignant disease of the colon was made. This was falsified, after the obstruction had lasted for thirteen days, by the passage of a large gall stone. In another case not yet published, Mr. Marcus Beck performed laparotomy for obstruction which was found to be due to a large gall stone tightly grasped by a small section of inflamed ileum. The intestine was incised and the calculus removed; but the patient sank from exhaustion. Probably in all cases these large stones reach the intestine through a fistulous opening established between the gall-bladder and the small intestine, generally the duodenum. It would seem, therefore, that the prognosis ought to be good, if in use the obstruction is overcome. Another not very common cause of obstruction in the adult was mentioned at a recent meeting of the Clinical Society, when Mr. Bryant described a case of obstruction due to intussusception, in a lady aged 74. The important point in the case was that the intussusception was produced by a tumor of the intestine projecting into the cavity. The tumor was grasped by the intestinal muscular fibres and gradually dragged down by peristaltic action. Mr. Bryant, in this case, succeeded in pulling the tumor low enough down to permit it to be removed, and the patient made a good recovery.

Another interesting case was recorded by Mr. Bernard Pitts. The patient was a woman, and there had been almost complete obstruction for six weeks and there was an enormous faecal accumulation. No tumor could be felt, under chloroform, either by abdominal palpation or rectal examination. Laparotomy was performed and it was found that the descending colon was collapsed, while the transverse was distended. The latter was attached to a second incision in the upper part of the left semilunaris. A few days later the gut was opened and an immense quantity of faeces slowly flowed away. It was then ascertained that there was a tumor at the splenic flexure. The abdomen was consequently again opened by an oblique incision below the ribs, the affected portion of bowel

was pulled out of the wound and excised together with some enlarged glands and adherent mesentery. The two ends of the gut were sewn together for half their circumference, and in the remainder were attached to the skin. The woman made a good recovery, and five months after the removal of the growth was in good health, having gained 28 lbs. All fæces were passed through the artificial anus made at the second operation.

A series of cases in which an attempt was made to introduce a coil of wire into the sac of a large aneurism were reported to the Royal Medical and Chirurgical Society recently. In no case was the treatment successful. In one case laparotomy was performed and wire introduced into a large abdominal aortic aneurism; only about a foot of wire was introduced before it kinked. The patient died of exhaustion in five days. In a case of thoracic aneurism, 32 feet of steel wire was passed into the sac. From one of the punctures reddish serum drained away for several days, and a pad of lint was applied to check it. This was followed by gangrene of the chest wall and death on the ninth day. In a third case 33 feet of steel wire was passed into a large subclavian aneurism; the patient grew rapidly worse and died in a fortnight. So far as could be gathered from the papers, none of the operations did good, and two certainly hastened the fatal termination.

A good discussion on the so-called congenital dislocation of the hip took place at the last meeting of the Pathological Society. Half-a-dozen specimens were shown, and the general result was to leave little doubt that the condition is in nearly every case a congenital malformation to be classed with club-foot, and perhaps due, like it, to faulty position of the foetus in the uterus. In a very small proportion of cases it may be due to acute rheumatic arthritis, or the "acute arthritis of infants." The obstetricians are thus entirely exonerated.

The *Annual Summary* recently issued by the Registrar-General for England and Wales, contains some interesting statistics. The most striking fact is the remarkably low death rate in the large towns. In London, for instance, with its four or five million inhabitants, it was only 19.9 a thousand, that is to say, lower than in the city to which this letter is addressed.* It is thought that the gradual decrease in

* The death rate in Sacramento for 1886 was only 15.19.—ED.

the death rate of London is to be attributed to improved sanitation, and if so, there ought to be no great difficulty in causing it to fall still lower. In England it is found that the child of the professional man, or person of independent means, has five times as good a chance of reaching the age of five years as the child of the poorer class. The child mortality, to a very great extent, determines the general death rate. There can be little doubt that the chances of the poor child in New York, Paris or Berlin are considerably smaller than in London.

A great deal of interest attaches to the meeting of the General Medical Council on May 10th. The existence of the Apothecaries' Society, which, up to the present time, has been able to grant a diploma qualifying the recipient to practise in this country, has been threatened by the refusal of the two Royal Colleges to admit it into their conjoined Board. The Act of Parliament passed last year gives the Medical Council the power, practically, to replace the Society, not only in the position it held before the Act, but virtually to better it.

LONDON, May 2, 1887.

NEW YORK.

[FROM OUR OWN CORRESPONDENT]

Successful Cæsarian Section.—*New York Skin and Cancer Hospital.*—*Annual Commencement of the College of Physicians and Surgeons.*

At the last meeting of the New York County Medical Association, Professor Wm. T. Lusk reported a most brilliantly successful Cæsarian section, which he recently performed at Bellevue Hospital. The patient was sent to him from an institution on Staten Island, on account of an existing pelvic deformity, the result of hip-joint disease when she was a child, and when he paid his first visit to her in order to take the pelvic measurements with a view to determine what course would be most advisable in accomplishing her delivery, he was surprised to find that the process of labor had already commenced. There was, therefore, no time to be lost.

The measurements proved to be as follows: Distance between the anterior spines, $21\frac{1}{2}$ ctms.; distance between the cristæ ilei, 24 ctms.; external conjugate, 16 ctms.; distance between anterior and posterior spines, left side, 16 ctms.; distance between anterior and posterior spines, right side,

14½ ctms.; diagonal conjugate, 9 ctms.; internal conjugate (estimated), 7.5 ctms.; distance between ischia, 6.5 ctms. The pelvis was of the character known as the Naegelé oblique, and the shortening of the right lower extremity (measured from the trochanter to the malleolus) amounted to 4 ctms. On the right side, the iliac bone ran in a nearly straight line, and on the left the curve was greatly diminished.

After consultation with Drs. Isaac E. Taylor and H. J. Garrigues, it was decided to perform Cæsarian section by Saenger's modified operation. This was done under strict antiseptic precautions, and after the uterus had been turned out on the abdomen a rubber ligature was placed around the lower segment of the uterus, in order to control hæmorrhage. When the child was taken out it was cyanotic, the condition being attributed to the pressure exerted by this elastic band; but it was promptly resuscitated by the use of appropriate measures. In closing the uterine wound thirty-four carbolized silk sutures were employed, sixteen of which were deep and the rest superficial; special pains being taken in the deep stitches to avoid the mucous membrane of the uterus. When the rubber ligature was removed, the blood slowly returned to the pallid organ. When the uterus had been replaced in the abdominal cavity, a drainage tube was put in position behind it. Silver wire sutures were employed to close the abdominal wound, and at the end of the operation, which lasted an hour and a quarter, the patient was in excellent condition. She made a rapid recovery, and the only drawback of any moment which occurred during the progress of the case was a brief constitutional disturbance, due to an accumulation of pus in the site of the old hip-joint sinuses, where there had also been some suppuration during the woman's pregnancy. This promptly subsided when a free incision had been made with the knife; and the patient was on the whole so comfortable that she expressed the opinion that this was quite an easy way of having a baby. Dr. Silva, the house surgeon who had charge of the case, stated that the patient did better than any other case of laparotomy which came under his observation during his term of service at the hospital.

This case is of special interest as illustrating the advantages of performing Cæsarian section, in cases in which it is necessary, at an early stage of labor, instead of waiting until

the patient's powers are exhausted and the chance of success is reduced to the minimum; and of giving to the operation that attention as regards minute details of *technique* which is now generally practised in laparotomy for whatever cause. It also serves to show the good effect of the elastic ligature placed around the uterus, in effectually controlling hæmorrhage from the cut surfaces of the organ, and thus enabling the operator to approximate the edges of the uterine wound with the greatest nicety, and insert the sutures with deliberation and precision.

By the annual charitable *fete* in aid of its funds, which was held the last of April, the New York Skin and Cancer Hospital profited to the extent of about \$5000. This year it was in the form of a "Festival of the Year," at the Metropolitan Opera House, in booths dedicated to each month of the year, and presided over by the different corps of ladies in appropriate costumes. The Skin and Cancer Hospital began its work in an ordinary house on Thirty-fourth street four years ago. The outdoor department was well attended from the first, while its wards are now filled to their utmost capacity. It was soon found, however, that the facilities and capacity of the building were inadequate and ill adapted to treat the severe cases of cancer applying for relief, and in pursuance of the original scheme of the institution, a suburban branch was established at Fordham Heights, in the vicinity of High Bridge, over which the great Croton aqueduct passes. Two pavilion cottages of the most approved pattern were there erected in the open country, overlooking the valley of the Harlem River, high above its waters, and possessing excellent sanitary conditions. These were opened in February, 1886, and the managers report that the favorable effects of fresh air, sunshine, quiet and isolation upon the cancer patients have already been shown in the prolongation of life, and in the comfort and helpful care it is now possible to administer. In consequence of the good results thus observed, it has been determined to carry out the same plan of work to as great an extent as the financial resources of the hospital will allow, and two additional pavilions are soon to be erected, one for children, and the other for operating and the care of patients immediately before and after operation.

The annual commencement of the College of Physicians and Surgeons was held at Steinway Hall on the 13th of May, when a class of 106 was graduated. The first Harsen

prize of \$500, for proficiency in examination, was taken by Ellsworth Eliot, Jr., the son of a well-known practitioner of this city of the same name. The Cartwright Alumni prize of \$500, for the best medical essay, open to universal competition, was awarded to Dr. B. Farquar Curtis, of New York, whose subject was "Injuries to the Abdomen and Rupture of the Intestines." The address to the graduates was by Gen. Stewart L. Woodford, who spoke of the development of Columbia, of which this school is the medical department, into a true university. In the autumn the college will take possession of its superb new buildings, erected through the liberality of the Vanderbilts.

NEW YORK, May 15, 1887.

Licentiates of the Board of Examiners.

A postponed meeting of the Board of Examiners was held on May 9th, at 652 Mission street. On motion, the thanks of the Board was unanimously accorded to Dr. James Simpson for his faithful, unremitting and zealous labors as President during his long incumbency, and in acknowledgment of the fact of his uniform promptness in attending all meetings, especially those in which extra care or responsibility was requisite to effectually enforce the laws governing the practice of medicine in the State.

A vote of thanks was also unanimously tendered Dr. R. H. Plummer for his faithful and indefatigable labors as Secretary during the past eight years, and as an expression of the appreciation in which his labors to elevate the standing and to enforce the medical law throughout the State were held by the Board and by the profession generally.

The new Board organized by electing Charles E. Blake, M. D., President, and Wm. M. Lawlor, M. D., Secretary and Treasurer. The office of the Board will be at 326 Geary street, San Francisco.

The following physicians having complied with all the requirements were unanimously granted certificates to practise medicine and surgery in this State:

Wm. J. Ackerman, Escendido; Bellevue Hosp. M. Coll., N. Y., May 15, '82.

Maud E. Beardsley, San Francisco; Women's Hosp. M. Coll., Chicago, Ill., April 5, '87.

Henry J. Borde, San Jose; M. Dep. Univ. California, Cal., Nov. 13, '83.

Buchanan Caldwell, Biggs; M. Dep. Univ. Tennessee, Tenn., Feb. 22, '87.

Horace G. Cates, Santa Monica; Minnesota Hosp. Coll., Minn., March 1, '87.

- Guy D. Compton, San Francisco; Coll. of Phys. and Surgs., Md., March 1, '81.
- Augustus H. Conson, San Diego; Bellevue Hosp. M. Coll., N. Y., June 2, '86.
- Isaac O. Day, Cayuck; Kansas City M. Coll., Mo., March 15, '87.
- Chas. F. Grant, San Francisco; Long Island M. Coll. Hosp., N. Y., June 2, '86.
- Stephen S. Herrick, San Francisco; M. Dep. Univ. of Pennsylvania, Penn., March 15, '78.
- Matthew M. Kannon, Los Angeles; Bishops M. Coll., Montreal, Canada, April —, Coll. of Phys. and Surgs., Quebec, Canada, May 12, '79.
- John J. McLennon, Azusa; Kentucky School of Med., Ky., March 1, '70.
- Hugh J. Linn, San Francisco; M. Dep. Univ. of Pennsylvania, March 15, '78.
- Ira D. Mills, Earlham, Los Angeles Co., Indiana M. Coll., Ind., Feb. 28, '78.
- Homer K. Nesbitt, San Francisco; West. Res. M. Coll., Ohio, Jan. 31, '83.
- Richard Nunn, San Francisco; Trinity Coll., Dublin, Ireland, Dec. 3, '86.
- Edgar Osborn, Santa Clara; M. Dep. Univ. Pennsylvania, Penn., March 12, '77.
- William L. Spoor, Colton; Long Island Coll. Hosp., N. Y., June 2, '86.
- Thomas R. Stone, San Diego; M. Dep. Univ. Vermont, Vt., July 9, '84.
- Marcellus R. Toland, San Jacinto; Southern M. Coll., Ga., March 1, '83.

WM. M. LAWLOR, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM APRIL 19 TO MAY 20, 1887.

The leave of absence for one month, on surgeon's certificate of disability, granted Acting Asst. Surgeon Charles Anderson, is, on account of sickness, extended one month. S. O. 19, Div. Pacific, April 19, 1887.

Captain Edward B. Moseley, Asst. Surgeon, is relieved from duty at San Francisco, Cal. (S. O., A. G. O., 80.) S. O. 20, Div. Pacific, April 26, 1887.

To enable Captain Edward B. Moseley, Asst. Surgeon, U. S. Army, to complete the transfer of the medical and hospital property at the Purveying Depot in this city, he will be relieved from duty in San Francisco, Cal., under paragraph 3, Special Orders No. 20, current series, from these headquarters, to take effect May 15, 1887. S. O. 21, Div. Pacific, May 2, 1887.

Asst. Surgeon Charles Anderson will report upon expiration of sick leave of absence to the commanding officer Fort Verde, for temporary duty. S. O. 54, Dept. Arizona, May 16, 1887.

Asst. Surgeon Leonard Wood will proceed to San Diego Barracks, Cal., and report to the commanding officer for court martial duty, temporarily, returning to his station—Los Angeles, Cal.—on completion of this duty. S. O. 55, Dept. Arizona, May 19, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS,
U. S. NAVY (PACIFIC STATION), FROM APRIL 20 TO
MAY 20, 1887.

Asst Surgeon V. C. B. Means, detached May 12th from U. S. Naval Hospital, Mare Island, Cal., and ordered to U. S. Naval Hospital, New York, preparatory to examination for promotion.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES
OF MEDICAL OFFICERS OF THE U. S. MARINE
HOSPITAL SERVICE (DISTRICT OF THE PACIFIC)
FOR THE THREE WEEKS ENDED APRIL 30, 1887.

W. D. Bratton, Asst. Surgeon, relieved from duty U. S. Marine Hospital, San Francisco, and ordered to proceed to Port Townsend, W. T., and assume temporary charge of the service.

S. C. Devan, Passed Asst. Surgeon, granted leave of absence for thirty days, to take effect when relieved.

Public Health.

*Reports from Cities on the Pacific Coast of 10,000 inhabitants
and upwards, for the Month of April, 1887.*

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	40,000	16.50	55	8	15	27	4	1	...	....
Oakland.....	46,000	9.39	36	4	15	15	....	1	1	....
Sacramento	30,000	6.80	17	2	2	11	....	1	....	1
San Francisco.....	280,000	19.25	450	62	80	204	46	21	28	....
San Jose.....	20,000	13.20	22	3	9	8	2	....	....	....
Stockton.....	15,000	9.60	12	....	5	4	3	....	....	....

Meteorological Summary for the Month of April, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell	Total Rainfall.	No. of Days			Prevailing direction	
							Clear.	Fair.	Cl'dy.		
Auburn, Cal	87	36	55.4	—	—	4.34	—	—	—	S. W.	J. E. Maxfield, s.c. U.S.A.
Colfax, “	83	38	54.4	—	—	4.92	—	—	—	N.	“
Los Angeles, “	87	40.3	59.1	21.1	5	2.36	11	7	12	W.	“
Monterey, “	78	43	53.3	—	—	1.16	—	—	—	N. W.	“
Oakland, “	76	40	54.84	13.63	6	2.35	20	3	7	SW. W	J. B. Trembley M. D.
Red Bluff, “	—	41	60	—	6	1.76	17	6	7	N.	J. E. Maxfield, s.c. U.S.A.
Sacramento, “	83.5	41.2	58.3	20.7	7	2.53	20	6	4	N. W.	“
San Diego, “	79.6	44.4	59.0	12.5	8	2.14	6	14	10	N. W.	“
San Francisco, “	78.5	43.7	54.5	14.5	8	2.30	13	10	7	W.	“
Santa Barbara, “	80.5	41	58.43	17	5	1.43	—	—	—	—	Hugh D. Vail.
Santa Cruz, “	77	40	57.7	—	—	1.90	—	—	—	N.	J. E. Maxfield, s.c. U.S.A.

Dash (—) indicates reports missing.

Clear Day—One on which cloudiness is 3 or less on a scale of 10.

Fair Day—One on which cloudiness is from 3 to 7.

Cloudy Day—One on which cloudiness is over 7.

The Sacramento Medical Times.

Vol. I.

JULY, 1887.

No. 5.

ORIGINAL ARTICLES.

THE RADICAL CURE OF HERNIA, WITH REPORT OF TEN CASES.

By J. F. MORSE, M. D., San Francisco, Cal.

Of late much has been written about the radical cure of hernia, and several so-called new methods have been devised. They are, nevertheless, for the most part innovations of ancient ones. In these articles but little mention has been made of an operation which appears to me to be the most rational procedure for the obliteration of the ring and sac. As this subject has been dwelt upon *ad nauseam*, I will merely preface the following report of a few cases, by briefly recalling to memory a method which, though spoken of in text-books, seems not to have received in the United States the attention it assuredly deserves, and that, in spite of the fact that to the great American surgeon, Dr. Gross, is due the honor of having first directly united the pillars of the ring.* The operation for the radical cure of inguinal hernia, as perfected and performed by Prof. Czerny,† is described about as follows:

After having gone through with the shaving, cleaning and disinfecting of the region, an incision 6 to 10 ctms. long is made so as to expose the sac, the neck of which is separated from the surrounding parts sufficiently for the passage of an aneurism needle armed with a ligature. The contents are then returned, and the ligature around the neck tightened. In case adhesions prevent the reduction of the hernia, the sac is opened and they are separated, bleeding vessels being tied. An omentocele is removed in sections and the stump pushed into the abdomen. The next step is the stitching of the pillars of the ring, which is done by

* Vol. III Reference Handbook of the Medical Sciences, article on radical cure of hernia.

† Beitrage zur Chirurgie, Prof. Czerny.

entering the tip of the first finger alongside and outside of the neck of the sac, forcing the pillars out as far as possible, and stitching them together by means of three or four interrupted catgut stitches. The thread should be armed at each end with a very curved needle, and each pillar is to be pierced from within outwards. The threads are cut short, and the sac disinfected and drained.

Subsequently to this,† Prof. Czerny made a slight modification, which consisted of a different treatment of the sac. In order to do away with the separation of the neck of the sac, which is frequently extremely difficult on account of its thinness, it is fully split open in a direction from above downwards. Each side is then held by an assistant, whereupon the opening of the neck appears as a small horizontal crack, which is sewed up from within by a continuous stitch. In femoral hernia Czerny merely ties or sews the neck of the sac as described above, there being no pillars to unite in femoral hernia.

Before making my report, I will state that I did not first separate the sac from the pillars, but they were stitched together from within the sac by passing the needle through both sac and pillar.

Case 1. Mr. L——, æt. 60, entered German Hospital with large right inguinal hernia; had it for a great many years. It was readily reducible, and the ring was enormously enlarged.

May 13th, 1885, after taking the necessary antiseptic precautions I made the usual incision, exposing the sac. The latter was opened, the intestines returned and the pillars united by means of four catgut stitches. The sac was afterwards sewed by the internal continuous stitch as described above, and drained, the wound being then united and an antiseptic dressing applied. The patient had no fever or trouble of any kind until the second day, when he became delirious and tore off his dressings. They were reapplied and not taken off for a week, when the wound was found united. The stitches were removed and a compress applied. The man recovered his reason in a few days, and was discharged May 28th cured. I saw him in June of this year and found no return of the hernia, which had not made its appearance at any time since the operation.

Case 2. Louis F——, American, æt. 20, entered the City and County Hospital Sept. 12th, 1885, with omental hernia in right inguinal region. It was not reducible. Patient acquired the hernia a year previously by being thrown suddenly forward against a spar while furling sail. The operation was performed as described until

† Mittherlungen aus der Chirurgischen klinik du Heidelberg, von Dr. John F. Morse, Wr. med. Wo'henschr. Mr. 15, 1882.

the sac was reached. It was opened, and the omentum separated and ligated *en masse*, the stump being pushed up to the internal ring. The pillars were then united by three catgut stitches, the sac being treated as in Case 1. Three days after this operation the patient had a marked rise in temperature, and an abscess formed in inguinal region, which was opened, evacuating a quantity of pus. Shortly afterwards, a large piece of omentum sloughed away. The wound then healed rapidly, the patient being discharged cured Oct. 23d, 1885. I saw him six months afterwards, and he told me he had never had a return of his hernia, although he still wore a truss.

Case 3. Mr. K——, German, æt. 50, admitted to the German Hospital Nov. 20th, 1885, with an incarcerated right inguinal hernia. Has had the hernia for many years. It has been repeatedly reduced, when strangulated, by taxis. In this instance it failed, and the usual operation was made, the pillars being united by three catgut stitches. The man made an uninterrupted recovery and was discharged Dec. 1st, 1885, entirely cured. I have met him several times since, and he told me his rupture had not returned. Still wears a truss, but not regularly.

Case 4. Mrs. J——, æt. 42, was admitted to the German Hospital with an incarcerated right femoral hernia. Reduced by herniotomy, sac united by continuous stitch (Czerny's method of radically treating femoral hernia). In three weeks patient left the hospital, and I have not seen her since.

Case 5. Mr. W—— was operated upon at German Hospital, September 12th, 1886, for the radical cure of an old left inguinal hernia. The pillars were united by means of three catgut stitches; the neck of the sac closed as usual. Almost uninterrupted retching and vomiting followed for an entire day after the operation, and, during one of the paroxysms, the stitches at the pillars parted and the intestine prolapsed. It was replaced, and in a week the wound was entirely healed. The patient was then attacked by pneumonia accompanied by violent coughing, which again caused the hernia to protrude. The patient recovered eventually, but the operation was a complete failure.

Case 6. Mr. ——— was operated upon at the City and County Hospital in the year 1885. The hernia proved itself to be an enormous omentocele adherent to all parts of the sac. Fearing that a complete separation and removal of the omentum might be followed by bleeding into the abdominal cavity, I removed two large pieces and pushed the remainder, sac and all, high up into the inguinal canal, and confined it there by means of a suture passed through the sac and both lips of the wound in the tissues above. The patient made a good recovery. He died one year later of phthisis.

Case 7. Mrs. ——— was operated on at the request of Dr. von Hoffmann at the German Hospital for the radical cure of femoral hernia. On opening the sac it was found empty, its contents having returned to the abdominal cavity. The neck of the sac was

united by the continuous stitch, and the wound closed. The patient made a rapid recovery.

Case 8. Mr. R—— was admitted in November, 1886, to the City and County Hospital with a bubo, a varicocele, and an old inguinal hernia, all on the right side. His bubo was first cured; then the veins constituting the varicocele were dissected out and excised. After recovering from this, the radical operation was made, three stitches being inserted in the pillars of the ring. Patient left the hospital at the end of four weeks entirely cured. Have not seen him since.

Case 9. Augusta W —— entered the City and County Hospital with a right inguinal hernia of eight years' standing. In the month of November, 1886, the radical operation was made upon her. The intestine was readily reduced, but the pillars were, on account of the corpulency of the patient, united with great difficulty by means of two catgut stitches, the neck of the sac sewed, and the operation finished. The patient never had a rise in temperature and left her bed in a few weeks after the operation. I saw her once, three months after leaving the hospital, and she had had thus far no relapse.

Case 10. Operated upon by request of Dr. Winterberg, who placed the patient in the German Hospital. The man was a Frenchman, and had an incarcerated right inguinal hernia. The intestine was readily returned to the abdominal cavity, but not having needles, curved enough to pass through the pillars, at hand, I was obliged to content myself with sewing up the neck of the sac. The patient recovered in a very short time without a single bad symptom.

In all cases the sac, after being split, is allowed to remain. It probably eventually becomes cicatricial tissue, and assists in preventing a return of the hernia. Unfortunately with this, as with all operations for the radical cure of hernia, time alone proves its efficacy; yet, success signifies such indescribable comfort to the patient, and in consideration of the facts that the operation is so readily performed and with proper antiseptic precautions is so absolutely without danger, its indication in all cases of hernia, especially inguinal, whether old or incarcerated, must be apparent to the most obdurate.

THE PREVENTION OF SEPSIS IN LABOR AND ABORTION.*

By T. A. SNIDER, M.D., Sacramento, Cal.

It has been said that the highest office of the physician is to prevent and not to cure disease. Acting upon this principle I introduce for your consideration a subject which I consider of paramount importance in the catalogue of disease, and

* Abstract of a paper read before the Sacramento Society for Medical Improvement.

which, taken in all its bearings, has elicited a greater amount of discussion and greater diversity of opinion than any other. When such lights in the profession as Fordyce Barker, Gailard Thomas, Charpentier, Schroeder, Playfair and Mundé, with a host of others whose opinions are entitled to equal consideration, entertain widely divergent views upon this important subject, I necessarily conclude that members of this Society will differ from one another and from the author of this paper. I would not enter upon its discussion in a dogmatic manner, but simply that we may, as a society, compare notes, and thereby reach conclusions which may in the end result in profit to each other and redound to the benefit of those confided to our care.

I do not propose to discuss the various opinions in regard to the entity of the disease, but to consider a preventable disease to which puerperal women are liable under certain circumstances. I believe that a majority of the profession hold to the opinion that all cases, or a very large number, in which febrile disturbance occurs in the puerperium, have their origin in septic matter either communicated or auto-genetic, and that they are practically identical with that which is known to surgeons as septicæmia. But no mean authorities hold that the septic theory does not cover the entire ground, and that there is a form of the disease developed like other zymotic diseases, by endemic, epidemic, and contagious causes; in this disease a modification of the general organism occurs antecedent to the local lesion; in short, it is an essential fever, and is not preventable by antisepsis.

The question then before us is, how shall the accoucheur prevent sepsis or puerperal septicæmia in labor and abortion? The following are the prophylactic measures advised by authors on antiseptic midwifery which, for brevity's sake, I shall condense as much as possible. 1st. The floors and ceiling of the lying-in room to be thoroughly washed with a ten per cent. solution of carbolic acid or bichloride sol. 1 to 1000. The bedstead and mattress to be sponged with same, curtains and upholstery dispensed with. 2d. The antiseptic spray to be used during labor. 3d. The clothing of nurse and physician should be free from exposure to septic infection, as scarlet fever, erysipelas, etc. In case of exposure the clothing should be changed, and the body sponged with a sat. sol. of boracic acid. 4th. The hands of attendants should be cleansed and soaked in bichloride sol. 1 to 1000.

Vaginal antiseptic injections to be administered every four hours during labor, a napkin wrung out of the antiseptic is to be kept over the genitals until the birth of the child.

At conclusion of labor the vulva should be carefully examined, and in case there is any rupture close at once by suture; slight lacerations should be dried thoroughly, equal parts of a saturated sol. of persulphate of iron and carbolic acid applied and again dried, and then painted with gutta-percha collodion. Six or eight hours after termination of labor syringe out the vagina with an antiseptic solution, and introduce a suppository containing from three to five grs. of iodoform; injections to be repeated every eight hours; in cases of difficult or instrumental labor twice as often and kept up for at least ten days. The nurse must disinfect her hands before approaching the genital tract of the woman. Employ a new gum-elastic catheter immersed in antiseptic sol. every time the bladder is evacuated. The physician to inform himself by personal observation as to the competency of the nurse in the performance of these operations. In the third stage of labor all portions of placenta should be removed and ergot administered in moderate doses to secure complete expulsion of the clots and closure of the uterine vessels. After third stage of labor intra-uterine antiseptic injections.

In the main I heartily endorse the foregoing rules, and will only take exception to the spray, the frequent vaginal irrigation and the indiscriminate use of intra-uterine injections. I would recommend that the injections be used not more than once or twice during labor, and immediately after the third stage, and that they be repeated morning and evening for seven to ten days. I believe that the use of intra-uterine injections as a routine practice would result in much injury; they are indicated in all cases of manual and instrumental interference, in post-partum hæmorrhage and in abortion. I prefer a two per cent. solution of carbolic acid, or a 1 to 2000 sol. bichloride of mercury. Proper ventilation of the lying-in room, the utmost cleanliness about the person and surroundings of the lying-in woman and attention to the efficient drainage of the uterus and vagina are all matters of importance.

The management of the third stage of labor is in every case important, and we cannot exercise too much care in removing every vestige of the secundines. Many authors

recommend letting the womb remain quiet for twenty minutes, others leave it to Nature. It has been my practice for years, and with good results, by compression and traction to remove the secundines immediately after the delivery of the child. This period before there has been time for the parts to recover and take on tonic contraction is, above all others, most favorable for their easy expulsion. The introduction of the hand when necessary for the removal of adherent placenta, membranes or clots, when the parts are still dilated, is comparatively an easy operation. The advantages I claim for immediate extraction are saving of time to the mother and to the physician; allowing the uterus to contract, thus closing the uterine sinuses before coagulation can take place in them—less liability to hæmorrhage, less afterpains, no clots to decompose and endanger the mother's life by septic infections.

Lusk and Spiegelberg lay great stress on exercising compression of the uterus from the moment the head emerges from the vulva, and not waiting until delivery is ended. By so doing general contractions are maintained and the detachment of the placenta assured. Lusk advises the introduction of the hand in all cases of post-partum hæmorrhage, difficult labor and when instruments have been used. In this connection he says: The introduction of the hand into the uterus I believe to be a matter of the utmost importance; when combined with external pressure it stimulates the uterus to contract. The placenta, if adherent, should be detached with the tips of the fingers; if loose within the cavity, it should be withdrawn slowly, taking care to remove the membranes entire. If the placenta and membranes are expelled apparently entire, it is still desirable to pass the hand into the uterus to clear out clots and make sure that nothing has been left behind.

The question as to the proper course to pursue in the management of cases of abortion, in which there has been imperfect delivery—whether the immediate, which may require dilatation and the use of instruments, as the dull curette and placental forceps, or the expectant, in which expulsion of the uterine contents is left to Nature, is of paramount importance. The expectant plan is the almost universal routine practice adopted. The teachings of the majority of authors favor this method. Charpentier says: A woman is miscarrying, the process is inevitable—tampon

and administer ergot. Remove the tampon at the end of twenty-four to thirty-six hours, if the contractions are feeble; at the end of eight to twelve hours, if they are energetic. Examine the cervix, being careful not to injure the ovum. If engaged in the cervical canal, in the vagina, and if it is entirely detached from the uterus—this is a *sine qua non* remove it at once. If the cervix is not sufficiently dilated, if the ovum is not engaged or still adherent, in case of persistent hæmorrhage re-apply the tampon and wait. If the fœtus has been expelled and the placenta remains, what is to be done? Usually nothing—Nature can do the work; the placenta can remain fifteen days before being expelled; whilst there is no complication, wait, at least, until the placenta is engaged in the cervix and detached from the uterus, then extract quickly. If the placenta is not engaged and the cervix is closed, wait; in case of hæmorrhage tampon and give ergot, never the latter alone. If the placenta still adheres, is in part engaged in the cervix, give ergot, for the placenta can no longer retract, since it fills the canal. If the placenta is at the fundus and adherent, wait, if no complications exist; interfere rapidly in case of accident; if hæmorrhage, tampon and ergot; if putrefaction of the placenta, extract. As indications of putrefaction of the retained placenta and membranes, he gives fœtor of the lochia; change in color to deep brown or black, alteration in character and diminution in quantity. There may be abdominal tenderness, and tympanitis, rigors and elevation of temperature.

Professor Getchel, in his *Cyclopædia of Obstetrics*, gives a classic description of sepsis, and recites the case of a lady whom he suspected of being pregnant, although she would not believe it. "After two and a half months she felt a copious discharge, at first mistaken for the return of her menses, but which, after exercise, was suddenly converted into a profuse flooding. I found the os uteri slightly dilated, and employed various measures adapted to the arrest of the discharge—among others ergot; hæmorrhage gradually diminished, and six hours subsequent to the invasion of the symptoms it had ceased. For five days the patient did well, but on the sixth I detected a slight odor in the lochia. That afternoon a violent chill came on, which lasted an hour, and all the phenomena of absorption were manifested. Forty grs. of ergot was administered without effect; nothing came away, and notwithstanding every effort she died in ten days."

A more graphic and classical picture of the expectant plan and of sepsis as well, is nowhere to be found.

The advocates of the expectant plan urge that there are many cases in which the secundines have remained in the uterus for days and weeks, unattended by serious or immediate danger. This no one of experience will deny. I have, in numerous instances, removed the foetid contents from a uterus weeks after the death of the foetus without any immediate disaster. No one will assert that the dead foetus or secundines always give rise to septic infection; but what we do contend is, that whilst any part of the secundines remain in the uterus the patient is in constant danger of hæmorrhage, septicæmia and death. We have no means of measuring the rapidity with which the blood can become loaded with poisonous matter, or why it is that sometimes cases when all the necessary elements are there, will enjoy so great an immunity from septic infection. There are women who seem to possess this immunity, and who can survive any amount of mismanagement. The large proportion, however, cannot be considered as out of danger, till every particle of the retained placenta and secundines are out of the uterus. Decomposition once established, it is but a step to septicæmia with all its concurrent evils, the worst of which is not always death.

What, then, is the duty of the physician when called to a case of retained placenta or secundines? He cannot predict whether or not sepsis will develop. Is it the part of wisdom or prudence to temporize? He should do at once that which may ultimately be forced upon him: remove the entire contents without delay. If the cervix and os have closed so as not to admit the finger, dilators should be used. Let me repeat that the immediate removal of the secundines is always safe and easy, and guarantees the woman against sepsis. Ergot is of no use. Intra-uterine injections to destroy germs, when sepsis has already manifested itself, is too slow. The only wise course to pursue is to act promptly at the outset, proceed without hesitation to relieve the uterus of every vestige of placenta or membranes, and wash out the cavity with an antiseptic solution.

THERAPEUTIC MEMORANDA.

BISULPHIDE OF CARBON IN PULMONARY DISEASE.

Carbon bisulphide, whose virtues in enteric fermentation Dujardin Beaumetz has so highly extolled, has more recently come into extensive use in the treatment of chronic pulmonary troubles. It is not my purpose here to discuss the value of the remedy as much as to call attention to a simple and, I believe, efficacious method of its administration, viz: that of Dujardin Beaumetz in gastro-intestinal fermentation already referred to. In this way I have employed it for several weeks, and seemingly with all the advantages to be derived from gaseous rectal injections, which are certainly more troublesome to the physician and more repugnant to the patient. The formula I use is ordinarily the following:

R. Carbon bisulph. pur. 50 gms.

Aquæ meth. piper. 2000 c. c.

M.

This is to be thoroughly shaken and, after settling, is ready for use. Only a small part of the bisulphide will dissolve, and the bottle may be frequently replenished by filling it with mint, gaultheria or whatever aromatic water is preferred, and thoroughly shaking and settling as at first. The dose is from two to six ounces, with an equal quantity of water or milk, four or five times a day. In one case of chronic bronchitis with bronchiectasis, a very marked improvement in cough, expectoration and strength has been coincident with the use of this solution. Other cases of chronic pulmonary trouble, including one of chronic, or perhaps subacute, broncho-pneumonia, have seemingly been favorably influenced.

WALLACE A. BRIGGS, M. D.

Sacramento, Cal.

BERGEON'S METHOD OF GASEOUS MEDICATION.

Having used this method steadily since my communication in *THE TIMES* of June, 1887, I can give some details in its practical working, which may be of value to others.

One great objection to this procedure is the time required and the trouble which is inevitable. To simplify matters, I have discarded the 4-pint receiver and substituted a 5-gallon demijohn, from which the wicker covering has been removed

and a scale graduated in quarts affixed. This enables me to store a quantity of gas sufficient for five or seven applications. Stress has been laid upon the necessity of generating the carbonic dioxide freshly at each operation, but this has ceased with the substitution of an air-tight vessel for the thin rubber bag. I have also enlarged the water pressure bottle, which now has a capacity of four quarts. This enables the administration to be completed in most cases without further attention. I have lately discarded the sulphuretted hydrogen in favor of the bisulphide of carbon for the following reasons: 1. I have found it more easily borne and better suited to the cases under treatment. 2. It is more convenient to use and the very objectionable sulphurous odor is absent. 3. The actual quantity administered is known and the appropriate dose can be estimated.

I still use the bulb attachment suggested by Dr. Kerr, and after numerous experiments, in some of which I had the benefit of his assistance, have been unable to improve on it. I have found it more satisfactory to vaporize the bisulphide with heat, and now employ a small alcohol lamp to maintain the water at a high temperature. It is a very simple matter to arrange the bulb so that it shall be partially or wholly immersed, and evaporation can be conducted with any degree of rapidity. I still retain the wash bottle, as it is the best indicator of the flow of gas. I have found it satisfactory to diminish the quantity of carbonic dioxide employed, and proceed on the more rational plan of regulating the treatment according to the amount of the medicinal agent which is used. I have injected from 25 to 45 ms. of the bisulphide at one operation, but usually employ from 30 to 35 ms.; the proportion of the gases being one quart of carbonic dioxide to 15 ms. carbon sulphuret, and the time six minutes to the quart.

So far my results have been most gratifying. In one case the patient has gained six pounds weight in three weeks; he sleeps and eats well; the cough has greatly diminished, while the expectoration has been steadily losing its purulent character and decreasing in quantity. I mention this case particularly, as from the first symptoms to date, a period of seventeen months, he has been under constant observation, and I had completely failed by any measures to obtain such a result.

L. H. PARKINSON.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.

INCOMPLETE FORCEPS - DELIVERY OF THE HEAD.—According to DR. SWOOFF (*Centr. Bl. f. Gynaekol.*), Schauta, in his "Operative Midwifery," is the only author who advises removal of the forceps before complete emergence of the head—believing that in this way the circumference of the foetal head is diminished and rupture of the vaginal inlet more easily avoided. Dr. Swooff defends this view. Very often, for example, in narrowing of the pelvic inlet the forceps are applied only to overcome this obstacle. If the head is completely delivered, traumatic injury, especially in primiparae, is hardly avoidable. By removal of the forceps, the dimensions of the head are reduced and the soft parts are more slowly and more thoroughly dilated. The author, therefore, brings the head down until one-fourth of it emerges, and then, provided the pains are good, removes the forceps. In all of his cases nature completed delivery within fifteen minutes, and laceration of the perinaeum was obviated.—*Schmidt's Jahrbuecher, B. 213, No. 3.*

METHODS OF CLEANSING THE PERITONEUM.—Before the British Gynaecological Society, March 23, 1887, Mr. LAWSON TAIT described his method of washing the peritoneum with copious streams of warm water. The trocar which he employs for tapping the cyst resembles a large double-eyed catheter, terminating in a rounded, but flattened and sufficiently sharp point. To this is attached a long India-rubber tube. This instrument he also employs for washing out the peritoneal cavity. Having first immersed it in a ewer of water of the requisite temperature, an attendant raises it when required, and the water flows through the trocar in a steady stream, which can be directed on any part desired. Mr. Tait prefers this method to the excessive use of sponges, especially in cases where the peritoneum is smeared with the adhesive colloid material of a friable cyst. This substance is readily soluble and easily washed away by the warm water. The water is clean water from the tap and no special antiseptic precautions are employed.—*British Medical Journal*, April 9, 1887.

DIAGNOSIS OF INCIPIENT CARCINOMA OF THE PORTIO VAGINALIS.—Extensive trial of improved operative procedures establishes the curability of incipient carcinoma uteri. The earliest possible diagnosis is therefore imperative. By exclusion such symptoms as excessive menstrual flow, abundant leucorrhœa, occasional pains, and hæmorrhage from sexual intercourse, may point to carcinoma, yet the differentiation of cancer from erosions of the portio vaginalis is beset with difficulties. To facilitate this differentiation Ruge and Veit recommended the excision and microscopic examination of a portion of the diseased tissue; but, notwithstanding variations in the form of carcinoma, certain macroscopic appearances are characteristic of the carcinomatous erosion. From a study of five cases of beginning carcinoma of the portio vaginalis, whose diagnosis was first made from macroscopic appearances, and later confirmed by the microscope, the author marks the following as especially important signs: 1. The diseased tissue is always sharply defined—never “shading off” into the healthy tissues about. 2. A difference in plane (Niveau) between the diseased and the healthy tissue is always to be recognized. 3. The carcinomatous spots always have a light yellowish coloring. 4. The malignant tissues generally present small, nodular, glistening, yellowish-white elevations.—*Ztsch. f. Geb. u. Gyn., Schmidt's Jahrbuecher, B. 214, No. 4.*

KEITH'S TREATMENT OF THE OVARIAN PEDICLE.—The pedicle is firmly compressed in his clamp, and two or more cautery irons, heated to a dull red, are applied long enough to heat the metallic plates of the clamp sufficiently to greatly cauterize the compressed portion of the pedicle. The compressed tissue must be rendered “dry”—when it looks like a transparent membrane. Some practice is necessary to graduate the heat for each individual case, but, when properly done, hæmorrhage never occurs. Dr. Keith affirms that the tissues thus treated do not slough, but are speedily supplied with new blood vessels. He has seen new blood vessels in the cauterized portion of the stump after twenty-four hours. Before the clamp is removed each side of the pedicle is carefully seized with forceps that do not tear, and any vessel which might contain blood is separately tied. In the many hundred cases treated by this method, hæmorrhage was never observed. The only case of hæmorrhage after ovariectomy

that he observed was in a case in which both ovaries were removed; on one side the pedicle was treated by the cautery, on the other the ligature was applied. Patient died in six hours. The autopsy showed that death had been caused from hæmorrhage taking place at a point where the pedicle had been perforated with a forceps for passing the ligature; the forceps had injured a vein wall, and from the opening thus made the hæmorrhage had occurred.—N. SENN: *Journal American Medical Association*, May 14, 1887.

THE UTERINE MUCOSA AND UTERINE MYOMATA.—The modifications wrought in the uterine mucosa by the development of myomata vary with the seat of these neoplasms. The farther the myoma from the mucous membrane the more luxuriant the growth of the latter's glandular element—the nearer, the more luxuriant the growth of its cellular structure which may end even in complete glandular atrophy. In the twenty cases examined by DR. WYDER the line of demarcation between mucous membrane and muscular structure was sharp and quite distinguishable by the naked eye; in a few cases only did the glands slightly penetrate the muscular tissues. Hæmorrhage appears whenever, coincidently with a rich growth of vascular tissue, either the glandular and interglandular tissues proliferate extensively, or one element of the tissue preponderates in development. Hæmorrhage is then occasioned by compression of the vessels, especially of the thin-walled veins: first hyperæmia of the capillaries, then rupture. Even in the endometritis fungosa of Olshausen, in which all the elements of the mucous membrane hypertrophy, the enlarged vascular area gives rise to excessive menstrual loss. Not only the thickened, but also the greatly thinned portions of the mucosa may be the seat of hæmorrhage, for in particular instances the latter may be found rich in vascular tissue. The author opposes the opinion that myomata predispose to malignant degeneration of the mucous membrane. Even the purely glandular form of endometritis never makes any considerable inroad on the muscular tissue; and here, too, the cellular tissue soon becomes implicated, destroys the glands and greatly hinders the development of carcinoma.—*Arch. f. Gynaekol. Schmidt's Jahrbuecher*, B. 213, No. 3.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

TAIT'S SUCCESS IN DEALING WITH SEPTIC ACCIDENTS.—ROBT. T. MORRIS, in *The Medical Record* of June 4, 1887, contributes an ingenious paper under the above heading, of which the following is an imperfect abstract:

An incision two inches long through the synovial membrane of the knee joint cannot be made with impunity without the use of antiseptics. A similar incision through the peritoneum of the abdominal wall, almost with impunity without antiseptics, if decided cleanliness be observed. Considering that inflammation in either wound is due to the presence of micro-organisms, we naturally inquire why nature's methods in preventing dangerous infection are so inefficient in the former and so efficient in the latter case. We have recently been told by pathologists that when a limited number of certain microbes enter the circulatory system, they are at once surrounded by leucocytes, and are not allowed to multiply; that these organisms and their products are quickly discharged from the body by the excretory apparatus. Furthermore, that it is only when certain organisms enter the blood in such quantities that the leucocytes and excreting organs cannot readily eliminate them and their products, that the patient suffers from their presence. Evidently, then, the lymphatic vessels and capillaries of the knee joint are not able to remove microbes from that rich pasture with sufficient rapidity, and the joint cavity soon swarms with parasites. The peritoneum, by virtue of its great absorbing power, is able, as a rule, to remove the food of the microbes, and they are overwhelmed before they have increased to a dangerous extent. Mr. Tait's method of aiding nature in this work consists, as is well known, in the administration of mild, or when occasion demands, active purgatives. Such measures are regarded by him as, in the main, a substitute for ordinary drainage-tubes. This is followed by his assertion: "I find that in very many cases where Keith would have drained, I would have purged." Dr. Morris draws the inference that "Tait's hydrogogue purgative amounts to a first-class antiseptic measure." But adds: "The majority of operators prefer to employ some other modern antiseptic method, and one which will not only lessen the necessity for purgation, but which will prevent all suppuration in the

wounds, notwithstanding the fact that in Mr. Tait's skilled hands his methods of work are so satisfactory."

SOME OF THE RARER FORMS OF RECTAL FISTULÆ.—The following items are from a paper by EDWARDS, read before the West London Medico-Chirurgical Society, in which he discussed the question of dealing with the sinus, extending upwards by the side of the bowel above the internal opening of a complete fistula. The treatment should depend upon the position of the sinus to the muscular coat of the bowel; if submucous, it should be laid open, but if submuscular, it was better to leave it, thus avoiding the risk of incontinence due to division of the internal sphincter. A cure might be looked for after the frequent injection of the sinus with tincture of iodine. *Fistulæ* having their external orifices situated behind a plane passing transversely through the centre of the anus, usually had their internal aperture in the middle line dorsally, while those with their external orifice in front of this plane generally terminated in an internal opening immediately opposite. Horse-shoe fistula was defined as having one or more external orifices on either side of the anus, with an internal one in the middle line behind.—*British Medical Journal*, May 28th, 1887.

STIRLING UPON TOTAL EXTIRPATION OF THE UTERUS BY THE VAGINA.—The operation is one of great difficulty and should never be undertaken for the first time without repeated practice on the cadaver, and careful study of a dissection of the region involved. The chief dangers arise from the risk of wounding the bladder, the ureters or the rectum and intestines. The operator must steer clear of all these risks whilst working at the bottom of a deep, narrow cavity, with the view often obscured by blood. As to the relative advantages of the two methods of securing the broad ligaments, namely, that of carrying the ligature around them *in situ*, or that of antiverting the uterus, and bringing its fundus out by the vagina, the author hesitated to speak; but in a successful case employed the latter as giving greater facility for applying the ligature. If, however, the uterus is long and the vagina narrow; this is not an easy task to perform, but the operation may be materially facilitated by the use of Barnes' sheathed hook. In cases where the upper edge of the broad ligament is so low as to be within easy reach, no difficulty is experienced in passing around them, thus draw-

ing them down for transfixion: Where it lies far up, this procedure is attended with the greatest difficulty. Schroeder advocates retroverting the uterus, bringing it out through the posterior *cul-de-sac*. This seems to be less easy of accomplishment than antiversion. The chief features in after-treatment are antiseptic irrigation, thorough drainage and antiseptic tampons.—*British Medical Journal*, May 21, 1887.

TANNIC ACID AS A SURGICAL DRESSING.—DR. T. J. HUTTON says that tannic acid forms an excellent dressing in three classes of wounds, viz: 1. Incised wounds, applied after the wound is closed. 2. Small wounds of irregular form and recent occurrence. 3. Wounds of moderate size in compound fractures. It excels all other dressings, when applicable, in the following respects: 1, Convenience; 2, cheapness; 3, cleanliness; 4, efficiency. It is always ready; costs but a trifle; requires no greasy mixing, and has neither smut nor smell. Of its efficiency, I can only say, after sixteen years' use, I am satisfied; I ask nothing better.—*Journal of the American Medical Association*, April 30, 1887.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

OINTMENT FOR RELIEF OF ORBITAL PAIN.—DR. L. WEBSTER Fox prescribes the following ointment in cases of pain after iritis, neuralgia of the eye ball, etc.:

Rx. Morphine sulph., gr. iv.
Chloral, gr. x.
Cocaine, gr. xx.
Menthol, gr. xxx.
Lanolin, 1 oz. M.

Sig.: Apply a piece the size of a hazel-nut to the temple and over the brow every hour.—*College and Clinical Record*, June, 1887.

PURULENT OPTHALMIA.—The following is a brief abstract of a paper read before the State Medical Society of Pennsylvania by DR. HEYL, calling attention to some results of recent mycological research in this disease:

1. The disease is due to infection by a micro-organism, known from the name of its discoverer as the "gonococcus of Neisser." 2. This gonococcus attacks the cylindrical

epithelium of the conjunctiva, which practically may be considered as being confined to the palpebral conjunctiva. The latter is to be looked upon as the culture-ground of the coccus; hence the rule with regard to limiting applications of nitrate of silver to this structure. This rule, developed by clinical experience, now finds a satisfactory explanation. 3. The growth of the coccus depends on the age and vitality of the cylindrical epithelium. 4. The coccus works its way or is swept into the connective spaces underneath the scleral conjunctiva. This is raised into mound-like prominences by the accumulating cocci; the coccus is carried into the corneal nutrient channels, and a species of necrosis is set up in the hard, unyielding tissues, as a result of which the corneal ulcer is formed. Hot water in the treatment of the disease is applied as follows: A basinful of hot water, as hot as the hand can comfortably bear, is placed near the patient, and a handful of absorbent cotton dipped in it and applied to the closed eyelids. As fast as it cools, which may be in a quarter of a minute, it is re-applied. The applications are kept up for five minutes at a time, and used three times a day or oftener in cases of infants.—*American Lancet*, June, 1887.

WHAT IS THE BEST METHOD OF DEALING WITH A LOST EYE?—DR. W. ADAM FROST discusses this subject in *The British Medical Journal* of May 28, 1887, and says: Until recently it was not questioned that enucleation was proper treatment for an eye that had lost all useful vision, and was in a state capable of giving rise to sympathetic inflammation. But although there was uniformity of theory, there was much diversity of practice, for in a given case there was always doubt whether sympathetic inflammation would really occur, eyes which had appeared almost certain to cause it having not unfrequently been known to remain innocuous during the patient's whole life. Hence, when the probability of sympathetic mischief occurring seems remote, the surgeon would hesitate to urge excision of an eye, which was not unsightly, although, on theoretical grounds, he would have found it difficult to have excused himself from so doing. This, added to the natural disinclination of patients to submit to an operation, has led to the loss by sympathetic inflammation of an immense number of eyes that might have been saved. As regards meningitis following enucleation, the complication is so exceedingly rare (probably it does not

occur more than three times in one thousand operations), that it may be doubted whether any major operation upon a part in such close relation to the cerebral meninges would be more free from risk. Evisceration was, however, proposed by Graefe chiefly with the view of diminishing or abolishing the risk of meningitis, two cases of which had occurred in his practice. His contention is that since none of the channels of communication between the eye and the brain are opened in evisceration, the risk of meningitis occurring is lessened or completely prevented—a view that is supported by Wecker and others.

The twenty cases in which *post-mortem* examinations were held after meningitis, have failed to settle the question as to the transmission of the inflammation. The author thinks, however, that the veins would surely be the paths by which we would expect the inflammation to reach the brain. He says it is difficult to see what right the supporters of evisceration have to claim the veins are not implicated. Surely septic absorption could take place from the interior of the sclerotic through the open mouths of the trunks formed by the union of the *venæ vorticosæ* at least as easily as by the veins of Tenon's capsule, which are imbedded in soft tissue. The doctor thinks, however, that the choice between evisceration and enucleation would in any case really depend upon the immunity they respectively confer on the sound eye and the kind of stump left by each. He also believes that removal of the uveal tract does not necessarily prevent sympathetic trouble, but that the sclerotic and its vessels play an important part in its transmission. Another fact which favors enucleation is that removal of a portion of the optic nerve may go beyond the portion diseased in an eye already affected. In regard to the cosmetic effects of simple evisceration, it is not easy to see why it should be superior to enucleation. It is, however, otherwise with Mules' operation of evisceration with the introduction of a glass sphere into the sclerotic. It has also the advantage over simple evisceration in leaving no cavity in which secretions can collect.

Dr. Frost proposes a new operation, which he has performed once, and by which he hopes to get a good stump for an artificial eye, and obviate the dangers resulting from leaving the sclerotic in position. He removes the globe as in enucleation, then the four recti are held apart, a glass sphere

is introduced into Tenon's capsule, and the tendons, capsule, and conjunctiva are united over it. It remains to be seen by future experience if this operation leaves a good stump. The author draws the following conclusions: 1. That enucleation is safer than simple evisceration or Mules' operation in respect to the sound eye and probably also to the life of the patient. 2. That in respect to the latter it can be rendered still safer by taking antiseptic precautions and insuring free drainage from the orbit. 3. That by Mules' operation a good stump may be obtained with certainty, while in enucleation it is occasionally defective. 4. That by combining enucleation with the introduction of a glass sphere into Tenon's capsule, it is probable that we shall obtain the safety of the one operation with the cosmetic effect of the other.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.,

PILOCARPINE IN LUNG DISEASES.—L. REISS, in the *Berl. klin. Wochenschrift*, xxiv, 15, 1887, has observed the action of pilocarpine on a large number of cases of heart, kidney and lung disease. He deprecates its occasional bad effect upon the heart, and recognizes its value in some cases of lung trouble. The remedy works in this way: it excites in the air passages an abundant flow of a thin fluid secretion, and by this means assists in the removal of recent or old, tough and adherent deposits. Reiss obtains good results from its use in chronic bronchitis, with scant, adherent expectoration, especially in those cases where marked asthmatic paroxysms co-exist with emphysema. In the moderately strong and not too aged patients, he advises a daily subcutaneous injection of 0.02 c. g. In the weakly or very old patients, he commences with 0.01 c. g., and injects only every other day. The dyspnoea abates, the asthmatic paroxysms cease from the first day, moist rales are heard in the chest, a more abundant fluid expectoration occurs, and after twelve to fifteen injections in most cases, a very substantial improvement was manifest, remaining for weeks and months. Reiss also believes: that pilocarpine serves a useful purpose in genuine asthma. Its action seems to consist in hindering the formation of the spirals and crystals causative of the asthma paroxysm. This remedy also performs good service in pneumonia, in promoting resolution after the disappearance of acute symptoms,

and is consequently of value in those cases in which resolution is retarded. It also proves valuable in whooping-cough. Reiss never exceeds the dose of 0.02 c. g. for adults, 0.01 c. g. for children. The subcutaneous method is decidedly the best.—*Schmidt's Jahrbuecher*, May, 1887.

COINCIDENT SKIN DISEASES.—In his address on the nomenclature of skin diseases before the Medical Society of Middlesex Hospital, DR. ROBERT LIVEING, speaking to the subject of hybrid skin diseases (or diseases so called), states his ideas very tersely: "Coincident skin diseases are very rare; by this I mean that it is very unusual to see two definite diseases of the skin occurring at the same time in one and the same person. I know of no better established fact in dermatology than this: There is an exception to the rule in the case of some contagious diseases. It is obvious that the presence of eczema or lupus cannot possibly diminish the liability to scabies or ring-worm, and may even increase the liability to erysipelas. Although I have stated the case somewhat strongly, I do not, of course, mean that two skin diseases never occur at the same time; every one occasionally meets with them, but when this is the case—and I wish to lay much stress on this fact—the two eruptions are generally quite distinct and the difficulty of diagnosis scarcely increased."—*British Medical Journal*, May 7, 1887.

COMPARATIVE INFREQUENCY OF CHANCROIDS.—DR. F. B. GREENOUGH, of Boston, in his paper read before the American Association of Genito-Urinary Surgeons (May, 1885), asserts that this lesion has diminished in its relative frequency to the true chancre. In 1837–8, Bassereau gave as the true ratio of the chancroid to the chancre as high as 80 to 1, while in the above paper Dr. Greenough's records of private cases show the ratio to be 1 to 10. This opinion as to the relative infrequency of chancroid was generally affirmed by those who took part in the discussion.—*N. Y. Medical Journal*, May 28, 1887.

XYLOL IN SMALL-POX.—OTVOES has used xylol in three hundred and fifteen cases of small-pox with excellent results. It is recommended also as an antiseptic. The dose is from two to three grammes a day, administered in wine.—*British Medical Journal*, May 7, 1887.

HYPODERMIC PURGATION.—In a very interesting article entitled "The Management of Fæcal Retention," by DR. G.

D. HAYS, in the *N. Y. Medical Journal* of May 21, 1887, the author mentions hypodermic purgation. The most noted is sulphate of magnesium, which in injections of ten centigrammes has produced diarrhœic stools. The result is, however, not always successful. The author has lately experimented upon himself with the glucoside of colocynthin in one-third grain doses. He found this drug alone to be painful in its injection, and so combined it with one grain of cocaine, thus preventing any unpleasant sensations at the time of administration, yet not interfering with the action of the colocynthin. In three or four hours after the use of this combination, diarrhœic stools are produced.

THE ACTION OF SPARTEINE.—VOIGT and LEO have recently (*Med. Chron.*, April, 1887) added to our knowledge of this alkaloid. Voigt found that sparteine in doses 1-65 to 2-65 grain, in a series of cardiac and other diseases, stimulated the heart, increased the contractions, and raised the blood-pressure. It acts quickly, and its action lasts often over twenty-four hours, during which time the effect can be increased by a repeated dose. A pause of a few days after continuous administration is useful, as the drug acts the more forcibly afterwards. He finds it to be a diuretic, but not one of first rank. Toxic symptoms, very seldom observed with doses of 1 to 4 mg. (1-65 to 4-65 grain), were faintness, headache, palpitation, and uneasiness, which soon disappeared even when the use of the drug was continued. Voigt would recommend sparteine for therapeutic use: 1, in valvular disease with failing compensation; 2, in valvular disease without faulty compensation, as a tonic and sedative; 3, in weak action of the heart without valvular disease; 4, in pericarditis; 5, as an adjuvant to digitalis.

Leo exhibited sparteine in doses of 0.1 gm. (1 1-2 grains) every two hours in twenty-four cases. In only nine of these was there any objective result definitely traceable. In the remaining fifteen cases, eight showed subjective improvement, and in seven no result whatever was perceptible. In the first nine cases there was very marked diuresis. The drug did not influence the blood-pressure materially, and on this point the author differs from German Sée, who placed digitalis and sparteine side by side. He ascribes the diuretic action of the drug to stimulation by it of the renal epithelium. He found the drug to have a marked action upon the

heart in relieving palpitation, pain and dyspnœa. In the majority of cases, where relief was afforded, there was no evidence of any controlling of the heart's action. He finds sparteine most active when given shortly after a course of digitalis. No symptoms of poisoning were observed. The author thinks that sparteine is indicated when diuresis is required, and will be principally useful in cases of cardiac disease with failing compensation. It is noteworthy that, though Leo has administered the drug in doses a hundred times greater than those given by Voigt, yet he seems to to have been less successful in his results.—*Therapeutic Gazette*, May, 1887.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement

Regular Meeting, Tuesday, May 4, 1887.

The President, W. E. BRIGGS, M. D., in the Chair.

DR. T. A. SNIDER read a paper on *The Prevention of Sepsis in Labor and Abortion*. (See page 168.)

DR. W. R. CLUNESS, in opening the discussion, said that he acquiesced generally in the opinions expressed by the author. He did not support the promiscuous use of anti-septics. He believed that the principles of antisepsis were correct, and should be generally adopted; but to carry out the details which had been laid down would be impossible in private or hospital practice, particularly the former. He referred especially to the disinfection of the lying-in room, which he did not believe was necessary, except under special circumstances. He thought that Nature should not be interfered with, except when necessary; there were occasions when we must interfere and assist, whether to interrupt or to ward off. Regarding the expulsion of the placenta, he did not believe that immediate removal after the completion of the second stage was good practice; as soon as re-action had partially set in, an effort might be made. He employed gentle traction on the cord, with pressure on the fundus, thus assisting in its expulsion; this, he believed, was better than inserting the hand; under certain circumstances this

procedure was required, but the occasions were rare. In dealing with the secundines in abortion, he believed that the author was right; they should be removed as early as possible. He did not approve of dilatation of the cervix in every case, but preferred to wait until separation had taken place and the contents were partially expelled; it was then that decomposition took place, and this process was rare in the earlier stages. He approved of the use of antiseptics when fœtor was present, or when that condition was likely to arise. Did not think that ergot was ever applicable in abortion; the tampon was safer; ergot did not contract the body of the uterus until after the fourth month; previous to this it acted only upon the circular muscular fibres; he had not used it for many years, and did not regard it as applicable or necessary. He had read Dr. Thomas' paper advising the use of vaginal injections during labor, but regarded this practice as hurtful, as it removed the natural secretions of the parts which were necessary for the rapid progress of labor.

DR. W. A. BRIGGS.—In removal of the placenta in parturition or abortion, would hardly go to the extent advocated by the author; its removal was not a question of time, but of the accomplishment of certain physiological processes. In labor the uterus should be given an opportunity to contract and retract; the fundus might be manipulated, but he did not interfere until the placenta had become separated, partially or wholly. Introduction of the hand should be a last resort; injury was liable to be produced in the vagina and uterus, and the possibility of the introduction of germs was greatly increased. In abortion, he believed in the same line of practice. There was no danger of decomposition while the placenta remained attached. When hæmorrhage demanded interference, he preferred the colpeurynter of Braun to manual extraction. Often, when this had been employed for a few hours, he had found the placenta sufficiently low down to be grasped; after the third month more active measures might be required. He deprecated the universal employment of antiseptics by vaginal and certainly by uterine injection; cases of poisoning from this source were not unknown. He swabbed out the vagina and uterus carefully with a 1 to 500 bichloride solution previous to manual extraction. He did not agree with Charpentier in waiting for decomposition, as for some time previous to this condition deadly infection was possible. In delivery at term he agreed

with Dr. Cluness, that it would be difficult to introduce the rigid antiseptic precautions of certain authors. Infection came less frequently from the atmosphere than from the hands, clothes, or instruments of the obstetrician. Believed that he seen more serious results from interference than from tardiness. The physician's influence, for good or evil, was more felt in these cases than in any others.

DR. I. E. OATMAN—Had always, unless when there was hæmorrhage or convulsions at term, waited for the delivery of the secundines. Having waited half an hour, he made slight traction on the cord, at the same time compressing the fundus; if this failed, he would introduce the hand. At the close of the second stage, he invariably gave ergot, to guard against hæmorrhage and to stimulate uterine contraction. In abortion, when the secundines did not come away, he had been in the habit of pressing down the fundus and then "clawing" or "raking" away the placenta with the fingers of the other hand. In a recent case, where hæmorrhage had been very severe, he was able, at the end of eighteen hours, to remove a portion only of the placenta, but the remainder came away subsequently by decomposition, without fœtor. As a rule, he did not use antiseptics unless there was some special indication.

DR. A. E. BRUNE always favored expulsion of the placenta as soon after delivery as possible. He employed gentle traction on the cord and pressure on the fundus; this failing, he would wait thirty or fifty minutes. Had never found it necessary, in a recent labor case, to introduce the hand. Of late years had been less in favor of antiseptic injections, but he believed in free irrigation, particularly where injury had taken place. In abortion, was opposed to removing the placenta by force. In the absence of hæmorrhage, he preferred to wait. If force was used, as a rule small particles would remain and cause trouble. He thought it was not safe to employ uterine injections, unless through a double current nozzle.

DR. A. B. NIXON regarded labor as a physiological process, and while an advocate of antiseptics in general practice, he believed that in these cases they were rarely required. In abortion, he believed in waiting; as a rule, the contents of the uterus would be expelled by natural processes. If decomposition set in, he would remove them.

DR. W. H. BALDWIN—Had never employed antiseptics in labor, and hoped never to require them. He thought that the unguent (fresh lard), which was used in the majority of cases, acted somewhat as a preventive. Frequent examinations were to be deprecated. In abortion he did not believe in interference. He thought that the colpeurynter favored the expulsion of the secundines by affording the uterus a fulcrum on which to act; this he had demonstrated in a recent case. It was easy to introduce and withdraw, and the actual amount of hæmorrhage could be observed. He preferred iodoform in pencils of 60 or even 100 grs. to bichloride injections.

DR. G. L. SIMMONS said former experience had convinced him that meddlesome midwifery in labor or abortion was to be severely condemned. He believed that the majority of women whom he had seen die perished through interference of physicians and from injuries inflicted, by the patients themselves. In the past six years he had seen three cases which had almost proved fatal from antiseptic intra-uterine injections. If it was desired to get an antiseptic into the system, the new form of treatment by gaseous enemata offered a better prospect than other methods.

DR. H. L. NICHOLS—Had not used antiseptics in labor or abortion, and rarely had a case of septic poisoning. In his own practice, he could not recall a death. He believed in strict cleanliness in this as in all other branches of medicine. In labor he believed that fifteen minutes was sufficient interval to allow for the expulsion of the placenta. He never introduced the hand unless there were adhesions. In abortion he preferred removing the after-birth, but had often found this difficult. He had not seen injurious results when it remained.

DR. SNIDER, in replying, said that personally he had not advocated the extensive use of antiseptics in vaginal or uterine injections. However, by intra-uterine injection it was sometimes possible to cut short an attack of septic fever. Dr. W. A. Briggs had said that decomposition only occurred where the placenta was wholly or partially detached. There were numerous cases on record where septicæmia had occurred from retained secundines, but he did not know of one where it had followed their prompt removal. He did not believe in meddlesome midwifery, but he did believe in doing his duty as a physician.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: JULY, 1887.

THE RELATION OF PATHOLOGY AND THERAPEUTICS TO CLINICAL MEDICINE.

In his presidential address on "The Relation of Pathology and Therapeutics to Clinical Medicine," delivered before the Clinical Society of London, (*British Medical Journal*, Feb. 5, 1887), Dr. W. H. Broadbent says much that is worthy of study by every practitioner. His views of medicine are more hopeful than those of Mr. Erichsen in relation to surgery, as embodied in an address to the British Medical Association, at its last meeting.

Dr. Broadbent says: "It seems to me that we are at a very interesting and important period in the development of medical knowledge, and that the immediate future is pregnant with discoveries bearing on the treatment of disease." There can be no such thing as finality for this generation, and the last words have not been written on any subject. Recently, Sir James Paget, using the word "Structureless" as a text, commented in forcible terms on the delusion of supposing that a goal had been reached, or that there existed a point where the thinker or investigator might rest. It is not so, but beyond our present limit extends an undiscovered world in every branch, which will reveal itself to newer methods or improved appliances. All through the address runs the same strain of hopeful encouragement, pointing out what has been done, and what yet remains to be accomplished.

Having reviewed the process by which medical knowledge has advanced through the aid of experimental pathology and physiology, Dr. Broadbent cites the recently successful cases

of operation on cerebral tumor, as an instance of several sciences and the labors of many individuals being brought to a common focus. He repudiates and protests "against the idea that there is any antagonism between scientific and practical medicine, or any incompatibility between practical skill in the treatment of disease and love of knowledge for its own sake. It is contradicted throughout the history of medicine. The medical man ought to be animated by the scientific spirit—and for the most part is. It is true that a knowledge of men and women may lead to success in practice, as well as a knowledge of disease; and that the weakness, frailty, and folly of mankind, constitute a mine of wealth to the unscrupulous man, who obtains power and opportunity to exploit them by a medical degree; but so it is in all professions, and it need not make us doubt that the practice of medicine is fundamentally scientific."

He believes that diagnosis is the first essential, but gives the word a far-reaching meaning. "It is no diagnosis at all to say that such and such is a case of valvular disease of the heart, or even that it is a case of aortic or mitral disease, obstructive or regurgitant." The degree of the disease, the fact of its being stationary or progressive, its effect on near and remote organs—whether it is the initial lesion or a result of long antecedent causes, must be included. The condition of the patient in relation to the attack must be borne in mind. "Is the disease merely the winding up of a bankrupt constitution—a mode of dying rather than a cause of death? or is it, on the other hand, a necessary though violent readjustment of the organism to the environment with which it has been long getting out of harmony; or a defensive reaction against some powerful disturbing influence?" The problems presented will be highly complex, and everything should be brought "as far as possible to the test of measurement and the balance."

On the subject of treatment, Dr. Broadbent adverts to the reproach so often cast at physicians, that they "pay attention

to everything but treatment," and partially explains it when he says that their results are less tangible than the surgeon's. Phthisis may be checked, the advance of renal disease stayed, and locomotor ataxy deprived of its qualifying adjective, "progressive;" but these and like instances which are most genuine triumphs, "cannot well be put into the form of cases." Minor ailments he regards as supremely worthy of attention; some forms being the early stages or forerunners of more serious diseases, and others classed as functional, because they "inflict more misery upon the patient than cancer itself." As an example he cites the mental depression clearly traceable to functional derangement of the liver, which a dose of blue pill effectually dispels. He adds, "in many case of obstinate and severe melancholia there is every reason to believe that the cause is outside the nervous system; and if we could in the familiar examples of low spirits and irritable temper, trace accurately and minutely, the way in which the initial gastro-hepatic disorder produces its effects upon the nervous system, and the exact process by which these are reversed, we might understand, and prevent or remedy, the more serious overthrow of the mind seen in melancholia. It is not a final explanation, discharging us of all responsibility in searching out the cause, and rendering futile all efforts in the direction of cure, to find a family history of insanity. The hereditary tendency to melancholia may be indirect, and capable of defeat, just as hereditary tendency to apoplexy may be traceable to family gout, which can be prevented from developing its evil effects in individual members."

Speaking of the action of drugs, Dr. Broadbent, believes that the profession has now more faith in the remedies it uses than was formerly the case; and mentions quinine, mercury, iodide of potassium and iron, which give "effects as certain and as constant as chemical reactions. It is only want of knowledge of the morbid process on the one hand, and of the mode of action of the drug on the other, which

prevents our having the same certainty in a thousand other instances."

He alludes to the precise knowledge which experiment has given us of the use of drugs. Soda and potash had long been regarded as identical in their effects, whereas their alkalinity is almost the only property that they have in common ; while their relations with the organic constituents of the body and their influence on muscular contractility are totally different. He perceives a danger in the eagerness with which new remedies accredited by science are seized on by the profession. "It is a tremendous piece of knowledge that a given drug will certainly lower the temperature, but this does not by any means warrant its indiscriminate use in pyrexia. There is a further question, by what processes the temperature is reduced, and what concomitant effects are produced ? Is it certain that a high temperature is always mischievous, and in checking it may not a defensive or readjusting process be interfered with ? Are we to assume that nature does not know what she is about when she sets the heat regulating mechanism for a higher level whenever things go wrong in the economy ?"

The doctor believes in the cold bath in enteric fever, and thinks that "the repression of body-heat by means of salicylates, antipyrin and the like in this disease is very dearly bought." Continuing, he says: "Nor can I see what we have gained by suppressing the short, sharp fever, say of pneumonia. Even with the employment of salicine and the salicylates in rheumatism, I think it well to raise a warning note. Properly employed, they almost rob acute rheumatism of its terrors and dangers, but given in routine fashion they have seemed to me capable of doing serious harm. At any rate, I have seen deaths in rheumatic fever, of a kind quite new and strange to me after prolonged administration of salicylate of soda. In order that we may employ antipyretics or remedies of any kind with confidence, we must know exactly how the effects produced are brought about. It is

an axiom in science that for every action there is an equivalent expenditure of energy. It is not by its mere presence in the blood, or in the nervous centres, or in the gland structures, that a remedy produces its effects; there is some dynamic agency at work. In the case of such bodies as the powerful organic alkaloids, this can scarcely have any other source than chemical change in the substance itself, while with inorganic salts, it would seem that they condition reactions between other substances."

Reviewing the action of remedies, he says, to fully comprehend them, "we must know and understand the chemical actions and reactions, which are taking place in nutrition, secretion and disintegration; the chemical changes which attend and condition the evolution of nerve-force and muscular action; the modification of the chemical processes which result from the administration of a drug, and the change in the composition of the drug itself, through which the energy is evolved, by means of which it produces its effects. The future of therapeutics is thus in the womb of chemistry; what microscopy has been to anatomy and pathology, chemistry will be to physiology and therapeutics."

Dr. Broadbent concludes by remarking that diagnosis will become more important as our knowledge increases; as "precision in the employment of remedies would only make failure more certain and disastrous if the diagnosis were wrong." There is much else that is of interest in this address, but space forbids our taking more than its prominent features.

THE German Crown Prince has been suffering for several months from laryngeal trouble, the nature of which was at first obscure. A morbid growth on the left vocal cord has been present for some months, and continued to increase in spite of treatment, which led his medical attendants to the conclusion that the disease was malignant. Previous to operation, Dr. Morell Mackenzie, whose skill and experience in these cases is unique, was summoned in consultation. We

learn from the *Medical News* special cablegram (June 18th, 1887) that at two successive intralaryngeal operations the doctor removed a portion of the growth which Professor Virchow, after an extended examination, pronounced to be a pachydermia verrucosa. The *News* states, editorially, that as the specimen removed included a complete section of the growth with a part of the cord beneath, there is no reason to believe that any other portion is of a cancerous nature. The Crown Prince is at present in England under the care of Doctor Mackenzie, whom it is hoped can avert a serious operation. Laryngeal growths are prone to recur, and their situation renders complete removal and efficient after-treatment extremely difficult. There is also the possibility, as Paget mentions, of any neoplasm becoming malignant in character; the outlook, therefore, at present must be regarded as serious.

THE thirty-eighth annual meeting of the American Medical Association, held at Chicago, June 7, 8, 9 and 10, was most successful in every respect. The official proceedings have not yet been published, and in their absence we refrain from comment. The *Medical Record*, of June 11th, 1887, contains a full report (by telegraph) of the meeting, from which we extract the following: Dr. N. S. Davis has consented to retain the editorial management of the *Journal* for another year. The By-laws were amended to provide for an address from the Chairman of each Section on the recent advancements in their departments. Provision was also made for the delivery of three addresses in the general sessions of the Association. Dr. A. Y. P. Garnett, of Washington, was elected President; the next meeting will be held at Cincinnati, May 8, 1888. The report of the Rush Monument Committee shows that only \$389 has so far been received. Dr. N. S. Davis introduced a resolution of direction to the Committee of Arrangements, providing that tickets for the annual dinner shall be issued to members at a rate to include wine or without it, the expenses being so arranged that the entire cost of the banquet shall be paid by the guests. This system already prevails with the British Medical Association, and should be equally successful here. We have already suggested the desirability of its adoption by the State Society, and we now hope that it will follow the example of the National Association.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT]

Compression in Hysteric Cephalalgia—Quenu's Operation for Ingrowing Nail—The Anæsthetic Action of Antipyrin—A case of Angina Pectoris—A Blood Cyst of Sarcomatous Character in the Masseter Region—The Use of Chloride of Methyl—The Physiological and Therapeutical Action of Hydro-Chlorate of Hyoscine.

At a recent meeting of the Paris Biological Society, M. Féré communicated a note on the treatment of hysteric cephalalgia by compression. Manual compression in such cases being too tiresome for the operator on account of the length of time required—half an hour or more—the author had recourse to a mechanical contrivance. The instrument best suited to the purpose consists of cushioned sacs, filled with shot, which may be formed into any conceivable shape. In this way a helmet may be made, producing any required pressure. In four cases cited by the author, satisfactory results were obtained by this method of treatment. When the pain, however, as often happens, is in both temples, the difficulties of compression are best overcome by means of a compressor provided with a spring, as constructed by M. Aubry.

At a meeting of the Surgical Society, M. Reclus made a communication upon a work by Dr. Quenu, concerning the production of the nail, and the operation for ingrowing nail. The author proves that the nail is produced by the retrolunar zone; the anterior part of the matrix has no part in producing it. In order to cure ingrowing nail radically, M. Quenu performs the following operation: A transverse incision at the level of the lunule of the nail is made; the nail is removed; two vertical incisions, reaching from the two extremities of the transverse incision to the articulation of the second phalanx with the third phalanx, two ctms. behind the articulation, are then made; the portion circumscribed by these incisions is cut with scissors, and suture of the anterior and superior portions of the wound is effected. M. Quenu demonstrates the efficacy of this operation by describing six cases in which it was successfully performed. M. Richelot stated that he had performed numerous operations for ingrowing nail according to M. Quenu's method. He considered dry dressings (subnitrate of bismuth dressings, for example) indispensable, after the operation. Iodoform should be avoided; it ulcerates the subungual derma. M. Deprés condemned M. Quenu's operation, as it deprives the patient of his nails, which are required for the full action of the foot or hand. M. Deprés preferred the method of drawing out the nail with a forceps, and allowing it to grow again. M. Reclus confirmed M. Richelot's statement, concerning the necessity of dry dressings, after M. Quenu's operation. He

approved of M. Deprés' method of drawing out the nail with a forceps, but considered it useless—the re-growth of the nail could be carefully superintended.

Recently at the Académie de Medecin, M. Germain See described cases in which he had observed the anæsthetic action of antipyrin ($C_{11}H_{12}Az_2O$) discovered by Knorr in 1844. This substance has been used in therapeutics as a substitute for sulphate of quinine in fevers and in rheumatism, in which case its action resembles that of salicylate of soda. In nine cases of subacute rheumatism, or hydrarthrosis, in which treatment by actual cautery or salicylate had failed, antipyrine caused the pain and articular obstruction to disappear in a few days. Similar results were obtained in attacks of acute gout. The beneficial effects of antipyrin are especially felt in cases of nervous disturbances of the sensibility, such as inveterate facial neuralgia, headache of long standing, intense cephalalgia, neuritis, muscular pains, lumbago. The intense pains accompanying locomotor ataxia, and those caused by disease of the heart, are assuaged by antipyrine. M. See employed doses of 3 to 6 gms. a day, administered every one or four hours in an aqueous solution containing 1 gm. per spoonful. Antipyrin does not affect the action of the heart nor the circulation. In subcutaneous injections of 2 gms. in a dog weighing 10 kilogms., it causes a perceptible diminution of sensibility in the limb into which the injection is made; the reflex power of the spinal cord is sensibly diminished. Antipyrin acts upon the muscular nerves directly without disturbing the rhythm of the heart or the circulation.

At a recent meeting of the Société Médicale des Hôpitaux, M. Edgard Hirtz described a case of angina pectoris. The patient was a man, aged 36, and was an inveterate smoker. For three months he had suffered from irregular attacks, which presented all the classic clinical characteristics of angina pectoris. Examination of the heart revealed nothing abnormal beyond a slight metallic ring in the second sound at the base. The pulse was regular, the radial arteries soft. The patient had three attacks while at the hospital. The third lasted ten minutes, and terminated fatally. Necropsy revealed a normal heart, healthy myocardium, also intact cardiac plexus and cardiac valves; endocardium smooth and soft. At the entrance of the aorta there were patches of acute arteritis, which reached to the beginning of the large arterial trunks; no traces of atheroma, no indurated patches were detected; there were a few swollen pink patches around the origin of the intercostal arteries. The coronary arteries were intact. They were opened and examined throughout; there were no traces of atheroma or obliteration. Histological examination of the muscles and nerves of the cardiac plexus revealed no deterioration of the myocardium, or of the nerve tubes. M. Hirtz considered that this case demonstrates the contested truth of the existence of primitive acute aortitis, independent of anterior atheroma; the coronary arteries were found to be completely healthy in

a patient who succumbed to true *angor pectoris*; iodide of sodium was administered in doses of four gms. per day without benefit. M. Huchard considered that this case was angina pectoris of tobacco origin; in this form of angina there are no lesions of the coronary arteries. The patients die from cardiac ischæmia, due to spasmodic contraction of these vessels. M. Guyot was of opinion that the sudden withdrawal of the tobacco caused the disappearance of attacks due to its use. M. Hirtz's patient had not smoked for more than a week. It thus appeared improbable that he had succumbed to tobaccic angina.

At a recent meeting of the Paris Surgical Society, M. L. Thomas (of Tours) read notes of a blood cyst of sarcomatous character in the masseteric region. M. Thomas operated on the patient on the 10th of December, 1886. Shortly after there was recrudescence; the patient succumbed on the 15th of February, 1887. M. Thomas called attention to the rapid evolution of this affection. He is of opinion that intervention should be abstained from in these cases. M. Championnière, in speaking of the malignity of this kind of tumor, said that the diagnosis of these sarcomas is very difficult. In many cases of sarcomas of sudden and rapid evolution, the histological characteristics of malignant tumors are absent. M. Championnière considered that intervention is necessary in order to relieve the intolerable pain caused by these growths. M. Deprés considered that the shooting pains experienced by the patient should render positive the diagnosis of malignant tumor. M. Schwartz described an operation he had performed on a youth of twenty, for a vascular cyst of the superior extremity of the humerus, which had been broken at the articulation; the tumor developed in three months, causing severe pain. Necropsy revealed a small quantity of cerebroid matter, which was simply sarcoma. The patient died two days after the operation. M. Thomas was of opinion that the operation, in the case he described, had precipitated the death of the patient, as his general condition was excellent before intervention.

At a recent meeting of the Société Médicale des Hôpitaux, M. Debove read a paper concerning the use of chloride of methyl. This author has treated over 150 sciatic patients with chloride of methyl. It is equally efficacious in lumbago and different kinds of neuralgia. It causes congelation of the skin, or erythema, blisters and cauterization. In order to avoid these accidents chloride of methyl should be superficially used. M. Debove has cured 16 out of 18 cases of facial neuralgia. M. Dumontpallier confirmed M. Debove's statement concerning the beneficial results obtained with chloride of methyl in cases of facial neuralgia.

M. Rondeau communicated a note to the Paris Biological Society on the physiological and therapeutical action of hydrochlorate of hyoscine. According to the author this substance produces a real soporific effect. A subcutaneous injection of 1 ctgm. of this drug in

a dog weighing 12 kilogms., produces sleep in twenty or thirty minutes. This sleep is of variable duration, and is easily interrupted. In intermittent periods, when awake, the animal was somewhat agitated, walking about incessantly and showing a marked weakness in the hind quarters. The author found that this drug exerted the same action on the heart as atropine; it was also found to diminish or even to suppress the salivary secretion. Clinical experiments carried out by MM. Trousseau and Reamy show that hyoscine is more rapid and more intense in its action on the pupil than atropine, the dilatation reaching the maximum in six or seven minutes, paralysis of accommodation is complete. The mydriasis remains unchanged after twenty-four hours; it is only on the second day that it is found somewhat diminished. Dose: 3 drops of a solution of 1 in 100 dropped into the eye.

CORRESPONDENCE.

DEAR SIR: Your issue for this month contains an editorial headed "A Question of Privilege." It might be inferred that the Committee on Publication of the Transactions of the State Society had been guilty of an infraction of the standing rule for publication of such matters. Permit me to say, that at the date of the last meeting of the Committee, the late President had not sent in his address. While it is true that the rule has been broken, the Committee is not responsible for such infraction.

Very respectfully,

G. F. G. MORGAN,

Secretary of Committee.

San Francisco, Cal., June 2, 1887.

MISCELLANEOUS.

A WOULD-BE MEDICAL EXAMINER.—The following answers to queries, which were received by a leading life insurance company from a Western practitioner, are of interest:

How long have you been engaged in active practice? 10 years.

To what school of practice do you adhere? Eclectic.

Have you ever examined for life insurance companies? Yes.

Have you references among medical men in———? if so, give name and address. No, I am a Mo.!

What diseases prevail in your section? Damfino.

A NEW INSTRUMENT FOR PERFORMING OPTICO-CILIARY NEUROTOMY.—DR. W. E. BRIGGS, in the *Archives of Ophthalmology*, Vol. xvi, No. 1, describes an instrument for performing this operation. "It consists of two pair of curved scissors, united in such a manner that their cutting edges are from three to four millimetres apart, while their points are closely approximated. When closed in operating,

the divided section of the nerves is pressed between the blades and withdrawn with them. The scissors work so that the two sections are made simultaneously. The steps of the operation are very simple. Under the influence of an anæsthetic (either general or local), I divide the conjunctival and subconjunctival tissue, and introduce the instrument, with the blades closed, between the internal and inferior recti muscles. The optic nerve will be found, and the remainder of the operation performed, precisely in the same manner as it is divided in the process of enucleation."

BOOKS AND PAMPHLETS RECEIVED.

A Text-Book of Hygiene: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By George H. Rohé, M. D., Prof. of Hygiene, College of Physicians and Surgeons, Baltimore; Member of the American Public Health Association, etc., etc. Press of Thomas & Evans, Baltimore, Md. Pp. 324.

The author of this volume lays no special claim to the presentation of anything new or original, his object being to place in the hands of the medical profession, and the conservators of the public health generally, a practical work upon the prevention of disease. The various subjects treated are presented intelligently and clearly, and there can be no doubt that their daily inculcation by medical men would tend materially to the attainment of the end in view. For, while no one doubts that the average length of human life may be considerably augmented, the public generally have but a vague idea of the thousands of lives, and the tens of thousands of cases of sickness which are daily occurring, and which are wholly unnecessary because preventable. The causes of diseases and the means of their prevention are clearly set forth in Dr. Rohé's book, which should be carefully read and studied, and its precepts constantly impressed upon the public by every physician and sanitarian. To the busy medical man, whose time will not permit him to read systematically the more exhaustive treatise of Dr. Buck, this volume will be found of especial value.

A Journal of Hydrotherapeutics, Spas and Health Resorts. Pp. 46. London: The Scientific Publishing Company, Ltd.

This journal seeks to promote progress in the scientific study of medical hydrology and climatology. The first number contains articles by Sieveking, Prosser James, Durand-Fardel, Thorowgood and others, whose names are sufficient recommendation of the character of the publication.

On Hypertrophy of the Prostate Muscle. By Reginald Harrison, F. R. C. S., Liverpool, England. [Reprinted from the *Lancet*.]
Electrolysis and Some of Its Applications in Medicine and Surgery. By George H. Rohé, M. D., Baltimore, Md. [Reprinted from the *Maryland Medical Journal*.]

Systematic Instruction in Cookery as a Branch of Common School Education. Same author. [Reprinted from the *Journal of the American Medical Association.*]

Lupus Erythematosus, or Bat's Wing Disease. By Balmanno Squire, M. B., Lond., Surgeon to the British Hospital for Diseases of the Skin.

Recent Advances in Preventive Medicine. Abstract of the Address in State Medicine, delivered before the American Medical Association at the thirty-third annual meeting, held at Chicago, Ill., June 7—10, 1887. By Geo. H. Rohé, M. D.

Licentiates of the Board of Examiners.

At the regular meeting of the Board of Examiners, held June 1, 1887, the following physicians were granted certificates to practise medicine and surgery in the State:

Geo. Adam, San Francisco; Jefferson M. Coll., Penn., Mar. 30, '82.

Wm. H. Cook, Bakersfield; Rush M. Coll., Ill., Feb. 15, '76.

Jas. G. Davis, Los Angeles; Jefferson M. Coll., Penn., Mar. 13, '80.

Geo. Deacon, Pasadena; Rush M. Coll., Ill., Feb. 17, '85.

Hans Fritz Hoffmann, San Francisco; M. Com'rs, Berlin, Prussia, Jan. 24, '84.

John Petrie Moore, San Diego; M. Dep. Univ. of Penn., Penn., Mar. 13, '69.

Arthur Jules M. de Penhoel, Santa Barbara; Coll. of Phys. and Surgs., St. Louis, Mo., Feb. 28, '83.

Albert C. Rogers, Los Angeles; M. Dep. Univ., City of New York, N. Y., Mar. 10, '73.

Richard Thornton Rose, Pomona, St. Louis M. Coll, Mo., Mar. 19, '70.

Simon Rosenberger, Pasadena; Philadelphia Coll. of M., Penn., Feb. 28, '52.

Oliver Grenville Taaffe, Coll. Phys. and Surgs., Quebec, Canada, May 13, '85.

James Isaac Wakefield, Rush M. Coll. Ill., Feb. 6, '68.

The application of Evan Evans was rejected, and the Secretary was instructed to notify him that the Kansas City Hospital College of Medicine is not recognized by the State Board of Health of Illinois, and that this Board has hitherto refused to recognize the diploma of said school.

WM. M. LAWLOR, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM MAY 20 TO JUNE 20, 1887.

Leave of absence for two months, on account of sickness, is granted Major Blencowe E. Fryer, Surgeon, with permission to go beyond the limits of this Division and to apply for an extension. S. O. 28, Div. Pacific, May 28, 1887.

S. O. No. 28, current series, is amended to read as follows: Leave of absence for one month, on account of sickness, is granted Major Blencowe E. Fryer, Surgeon. S. O. 29, Div. Pacific, June 2, 1887.

Major Robert H. White, Surgeon, to report on July 5th to the regimental commander for duty as medical officer with the 1st Infantry during its march and encampment. S. O. No. 37, Div. Pacific, June 7, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS,
U. S. NAVY (PACIFIC STATION), FROM MAY 20 TO
JUNE 20, 1887.

P. A. Surgeon Howard M. Wells detached from U. S. Receiving Ship Independence, Mare Island, Cal., and ordered to U. S. Practice Ship, Jamestown, Newport, R. I. May 21st.

P. A. Surgeon C. W. Deane, reported for duty at Naval Hospital, Mare Island, Cal. June 7th.

Medical Inspector S. Robinson, appeared before Retiring Board at Navy Yard, Mare Island, Cal. June 20th.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES
OF MEDICAL OFFICERS OF THE U. S. MARINE
HOSPITAL SERVICE (DISTRICT OF THE PACIFIC)
FROM MAY 20 TO JUNE 20, 1887.

Assistant Surgeon P. M. Carrington ordered to U. S. Revenue Steamer Rush, for cruise in Alaskan waters.

Public Health.

*Reports from Cities on the Pacific Coast of 10,000 inhabitants
and upwards, for the Month of May, 1887.*

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	40,000	17.40	58	6	16	14	6	....	...	16
Oakland.....	46,000	14.60	56	11	11	24	8	1	....	....
Sacramento	30,000	11.60	29	4	4	15	....	2	....	4
San Francisco.....	280,000	20.03	475	63	90	231	42	25	24	....
San Jose.....	20,000	11.40	19	3	6	6	3	1	....	....
Stockton.....	15,000	10.40	13	....	3	7	2	1	....	....

Meteorological Summary for the Month of May, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell	Total Rainfall.	No. of Days				
							Clear.	Fair.	Cl'dy.		
Auburn, Colfax, Eureka, Los Angeles, Monterey, Oakland, Red Bluff, Sacramento, San Diego, San Francisco, Santa Barbara, Santa Cruz,	Cal 100 102 75 92 85 87 — 97.7 79.0 96.9 86 77	40 42 35 44.5 50 43 41 39 47.5 45.6 43.5 43	63.1 62.3 51.9 63.0 58.4 57.3 60 62.9 61.1 55.8 60.0 59.7	— — 11.8 26.4 — 13.7 — 25.3 12.0 14.9 19.5 —	— — .9 3 — .4 6 1 6 3 3 —	.30 .72 3.51 .20 .00 .10 1.76 — .47 .06 .33 .02	— — 4 16 — 17 17 21 9 10 17 —	— — 12 8 — 8 6 9 6 11 13 9 —	— — 15 7 — 7 7 1 11 8 5 —	W. S. N. W. S.E. S.W. N. S.W. W. W. W. W. W.	J. E. Maxfield, s.c. U.S.A. " " " " " " J. B. Trembley M. D. J. E. Maxfield, s.c. U.S.A. "<

* — Indicates amount inappreciable.
Dash (—) indicates reports missing.

CLEAR DAY—One on which cloudiness is 3 or less on a scale of 10.
FAIR DAY—One on which cloudiness is from 3 to 7.
CLOUDY DAY—One on which cloudiness is over 7.

† Mean of that day 67° . † 53.3.

The Sacramento Medical Times.

Vol. I.

AUGUST, 1887.

No. 6.

ORIGINAL ARTICLES.

ALBUMINURIA AND ITS BEARING ON LIFE INSURANCE.

By W. R. CLUNESS, M. A., M. D., Sacramento, Cal.,
Medical Director Pacific Mutual Life Insurance Company.

When we consider that nearly all physicians are liable to be called upon at any moment to examine applicants for life insurance, and that more skill and judgment are required in the thorough and conscientious performance of that duty than in any other of the various departments of their profession, no apology need be offered for presenting a few observations upon the subject. In ordinary practice the physician has usually but to determine the cause of the evidences of disease, and his diagnosis and line of treatment become apparent. The surgeon dresses a fracture, amputates a limb, ligates an artery, excises a morbid growth, or performs some other operation, all of which may require much skill and dexterity; yet, as a rule, the evidences necessitating the performance thereof are so obvious that "he that runneth may read." The oculist enucleates an eye, performs an iridectomy, extracts a cataract, treats granular lids, or performs some other office for his patient, the cause of which is usually so apparent as to leave no ambiguity regarding the course to be pursued, and so it is throughout the various departments of our art.

The medical examiner in life insurance, however, has to determine by careful inquiry all of the data upon which to build a theory as to the probable presence in the system of his client of any deviation from the normal standard. His patient comes to him for the purpose of obtaining his certificate of present good health, and the probability that he will outlive a given number of years. And while occasionally an applicant will be encountered who will not only present his

full family and personal history truthfully, but will even greatly exaggerate the most trivial ailment, yet applicants not infrequently withhold the whole truth and avoid the relation of anything which would be likely to debar them from obtaining the insurance applied for. The medical examiner should therefore not only be thoroughly competent in all of the departments of his profession, but should be possessed of tact and acumen of an extraordinary character to enable him to propound such questions as will elicit (perhaps unconsciously to the applicant) a complete medical history of the individual and his family, past and present. The evidences of former diseases and injuries may have entirely disappeared to all outward observation, yet a critical examination may not only enable him to determine the presence of incipient disease, but the evidences of former organic lesions and injuries may be thereby revealed which are of vital importance. The probable effects of such lesions upon the life expectancy of the applicant should be carefully estimated by the examiner, and his opinion of the desirability of the risk given accordingly. Nothing should be taken for granted, but the most thorough and painstaking analysis of all the concomitant circumstances attending the case should be taken into the calculation.

The theory of life insurance being predicated upon the *selection* of risks, and the premium annually paid being calculated upon the assumption that those upon whose lives policies are written are in the enjoyment of good health and free from constitutional disease, it follows that when unsound risks are accepted the company issuing policies of insurance thereon must be a loser. It is my special purpose in this paper to refer to but one of the many important factors in the problem which should be taken into consideration by medical examiners in their selection of risks, and in their efforts to form a just estimate of the state of health and chances of longevity of all applicants for the benefits of life insurance.

I premise, however, by saying that there are always three principal factors in the problem which should be carefully considered in all their bearings by medical examiners—(1) family history, (2) personal history, and (3) present personal condition—and they are of significance in the order in which they are here enumerated. Given, for example, an applicant

whose family history is defective and has consumption cropping out in several of his predecessors as well as in his immediate relatives, yet whose physique is perfect, and whose personal history and present condition are faultless, the chances of such an individual's reaching his expectancy are not equal to the applicant's in whose family history there is no predisposition to constitutional disease, even should his personal history and present condition indicate a less robust constitution, or even should his occupation and residence be less favorable or conducive to longevity. While, however, the existence of consumption in the family history of applicants is usually quite readily determined, and can therefore be guarded against to a certain extent, there are other important affections which, although less common, are nevertheless of sufficiently frequent occurrence to demand the most careful scrutiny by special examination.

Foremost amongst them is albuminuria; and I will endeavor to show a correct estimate of its significance from a life insurance stand-point, as it is one of the most difficult and important questions which the medical examiner is called upon to determine. For while the presence of albumin in the urine of one individual may be the precursor of certain premature death, in another it may simply be evidence of a recent cantharidal application, a severe mental effort, over-indulgence, especially in highly albuminous food such as white of raw eggs; the presence of stone in the bladder, cystitis, pyelitis, pneumonia, bronchitis, diphtheria, scarlatina, rheumatism, or even a slight accidental and transient hæmorrhage into the bladder. During any of these conditions, the presence of albumin in the urine may frequently be detected, and should the medical examiner pursue his inquiry no further, the chances are at least ninety-nine in a hundred that the wise protection which the applicant desired to make for his family in case of his premature death would be unjustifiably denied him, while he would most likely be dismissed with the conviction that he was afflicted with an incurable disease, and that at most he had but a few years to live. A careful consideration of the history of the case, however, together with a thorough chemical and microscopical examination of the urine, would enable the examiner to differentiate more closely, and would not infrequently demonstrate the transience of the albumin, and its utter unre-

liability as evidence of organic disease of the kidneys. The medical examiner should therefore inquire diligently into all the circumstances attending the history of the individual, and should *know* that the albumin is persistent, that it is excreted simultaneously with the urine, and that it is consequent upon structural renal changes, before recording his final opinion. And where the examiner is the usual medical attendant of the applicant—a not uncommon circumstance—he should even go farther and examine his blood for the purpose of determining the extent to which it is deficient in coloring matter; for in such cases it is not sufficient to base conclusions upon the mere palor of the complexion, as that would but approximate the extent of the deficiency of the blood globules, and of the danger of speedy dissolution either from the direct effects of the morbid condition itself, or from intercurrent disease to which his condition rendered him so liable.

It is therefore apparent that the mere presence of albumin in the urine of an applicant for life insurance is not sufficient evidence upon which to base the conclusion that pathological changes are taking place in the kidneys, and that the individual's life is thereby speedily threatened. In our own experience several cases have occurred which clearly demonstrate the unreliability of the presence of albumin in the urine, as the sole test upon which a conclusion of such vital importance should be based, although neither of those to which allusion will be here made was consequent upon any of the conditions previously spoken of as common causes of albuminuria.

A prominent attorney of this city, for example, has been one of the writer's patrons for over twenty years, and has enjoyed uniformly good health during all of that time; he is now nearly seventy years of age, is unusually robust and active, attends to his professional duties with as much energy as when twenty years younger, reads the smallest print without the aid of spectacles, has gradually increased in weight for the past ten years until he now weighs thirty pounds in excess of his weight at any previous period, and is in every respect in the full stature of mental and physical vigor; yet during the time specified (ten years) albumin could be detected at any and all times in his urine, and in considerable quantities after a severe contest in court; and how much its

presence antedates the period specified there are no means of determining. Here it may not be out of place to observe that the beneficial influence of family history is especially well marked in this case: the gentleman's mother, whom he strongly resembles, being still living, active, and in good health at ninety-six.

Another gentleman, living in a neighboring city, possessed of considerable wealth and actively engaged "in this madly striving age" to rapidly increase his possessions, was induced a few years since to apply for a policy of life insurance, but was promptly declined because of the presence of albumin in his urine. Occasional inquiry since then, however, conclusively proves the morbid product to have been intermittent, occurring only during excessive mental and physical effort, and at no time causing the slightest evidence of impairment of health.

Still another lives in the State of Nevada whose urine has contained albumin at times without any known cause whatever for over twenty years, yet who has at all times enjoyed more than ordinary good health; has gradually increased in avoirdupois during the time specified, and now at fifty-seven presents the appearance of a well preserved and robust man.

Several other equally interesting cases might be cited, were it deemed necessary, all of which tend to illustrate the utter unreliability of the too common prognosis of premature death merely because of the presence of albuminuria.

There is another form of the abnormal condition under consideration which may be termed chronic intermittent albuminuria, which differs essentially from either of those referred to inasmuch as it is invariably confined to youths approaching adolescence, or who may have even reached the years of their majority. This form of the disease was first brought to the attention of the writer a few years ago by Dr. G. L. Simmons of this city, who had observed it in several of his younger patients during the previous year. Whether or not it occurs amongst young girls I am unable to say, although I regard it as being very probable. Those in whom it is found usually appear anæmic, have sunken eyes, and have a woebegone expression of countenance, are listless and disinclined to perform their usual duties, sleep too much, yet are never rested; avoid society, and desire to be let alone. In such cases investigation results in the

detection at one time or other (usually after breakfast) of albumin in the urine. Tonics, sponging with salt water, cheerful society, the adoption of general hygienic treatment, especially the avoidance of anything which would tend to excite the sexual organs, between which and this form of albuminuria there appears to be an interdependence, will generally cause its disappearance within a few months at most.

Cold sea-bathing is also known to cause albuminuria at times, even when there are no evidences of parenchymatous involvement. In such cases, however, there is doubtless some renal engorgement, which, coupled with the high arterial tension consequent upon the efforts put forth in swimming, are sufficient to account for the presence of the abnormal product. Very soon after the cessation of the bathing and the restoration of the equilibrium the urine returns to its normal state. It cannot be doubted, however, that too frequent sea-bathing, especially by persons of strumous diathesis and those of feeble constitution, is hazardous; nor is it doubted that many have thus unwittingly, while in search of health, sown seeds which have ultimately terminated their lives prematurely by inducing what is commonly called Bright's disease.

In all of the forms of albuminuria alluded to there is nothing to warrant the assumption that such persons are ineligible to life insurance, for although no company would accept an applicant suffering from albuminuria in its mildest form until after the most searching inquiry, yet that they are insurable, upon some one of the various forms of term insurance, there can be no doubt whatever. It therefore becomes us to remember that albuminous urine may not infrequently be consequent upon other than well defined pathological changes in the kidneys, and that there are many supplementary sources.

[To be continued.]

A CASE OF LACERATION OF THE LIVER, WITH AUTOPSY.

By J. A. McKEE, M. D., Elk Grove, Cal.

George —, 23 years of age, while in the stable, June 4, 1887, was kicked in the right side by a horse. He walked some twenty feet to the stable door, beckoned to his mother, and, with her assistance, reached the house.

Two hours later I found him in bed with hurried and painful breathing, and complaining of pain in the right chest and side, but more especially in the right shoulder. On examination, prints of the horse's hoof were plainly visible on the arm in its lower and middle third, and on the side between the fifth and ninth or tenth ribs. In the neighborhood of these points there was slight ecchymosis. Examination for fracture of arm and ribs was negative. I applied a bandage to the chest with relief to the patient. While sitting up for the application of the bandage patient vomited. During the following night and day he slept little, and his condition seemed unchanged. On the sixth there was some tympanites and pain. The latter was most severe just above the pubis. The urine was high colored; pulse 80; temperature 99.4° F. Prescribed opiates to relieve pain.

June 7: Breathing easier; jaundice; bile in the urine, which is very high colored. June 8: Occasional vomiting; pulse 80; temperature 99.5° F. June 9: Rests very well and seems better; says he is hungry. June 10: Temperature 100° F.; pulse 100; breathing more difficult; great restlessness; jaundice more pronounced; high colored urine; ashy stools. June 11: Apprehending an unfavorable result, I suggested consultation, and at 5 p. m. saw the patient with Dr. W. A. Briggs. - Patient has not slept, is extremely restless and anxious, is very tympanitic and tender over the whole abdomen; pulse 130; temperature 102° F. Prescribed aromatic carbon bisulphide water with stimulants and morphia *pro re nata*. June 12: In consultation with Dr. G. A. White. All symptoms are aggravated; pulse 140; temperature 103° F.; great anxiety. Patient sank during the day, and died at 9 p. m.

Autopsy.—On completing my incision through the abdominal walls, a dark viscid fluid welled up in large quantity and stained everything with which it came in contact a deep yellow. Nearly six quarts of this fluid were removed from the abdominal cavity; there were no adhesions; the entire peritoneum was stained a deep brown; the intestines were filled with gas; gall bladder empty; a laceration one-half inch in depth and five and one-half inches in length extended diagonally across the upper and anterior surface of the right lobe of the liver. To the right of this laceration the liver substance was broken down and filled with coagula.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.,

ANTISEPTIC MIDWIFERY.—The most important points may be summarized as follows: 1. Great care in the disinfection of hands and clothing. 2. A preliminary vaginal douche (sublimate) when possible. 3. Careful management of the third stage of labor, and securing firm contraction of the uterus. 4. The dry method of dressing (sublimated jute). 5. If there is rise of temperature, or offensive discharge, a vaginal douche (antiseptic); if this fails, a uterine douche; if this fails, immediate curetting of the uterine cavity. 6. If, later on, there is evidence of peritonitis and the presence of pus in the peritoneal cavity, abdominal section with thorough cleansing and draining offers the best chance.—*Canada Med. Record—Coll. and Clin. Record*, June, 1887.

TREATMENT OF RETAINED PLACENTA IN ABORTION.—In a recent lecture delivered at the Academy of Medicine BUDIN considers the treatment in cases of abortion in which the membranes have been retained; the dangers of such retention are hæmorrhage and septicæmia. The ordinarily accepted treatment by immediate removal either by the finger or by the curette he criticises unfavorably, and then proceeds to discuss: 1. Is retention of the placenta a source of frequent accident? 2. Are the digital and instrumental procedures for the removal of the placenta quite inoffensive? In 210 cases at the Charité and Maternité, the placenta was retained in 46 cases—22 per cent. When the abortion was complete the mortality was almost *nil*. In the incomplete cases the results were good; one patient died of septicæmia. Budin quotes several cases of death or of cellulitis, peritonitis and endometritis following active removal of the placenta either manually or by the curette. He recommends, therefore, the vaginal antiseptic plug against serious hæmorrhage, and vaginal or, if necessary, uterine antiseptic douches when septic symptoms arise. The antiseptics recommended are corrosive sublimate 1:2000 or 1:3000, and carbolic acid 2:100 or 3:100.

In a foot-note DR. HART takes exception to the treatment advocated by Budin, and says: In many cases of retained placenta after abortion I have always removed the retained portions at once, and douched the uterus with an antiseptic. Where the cervical canal has not been sufficiently dilated, I have used Hegar's dilator to complete this. The retained portions can thus be removed as follows: The patient is chloroformed and placed in the dorsal posture. The right hand is then passed into the vagina and the index finger into the uterus, which is grasped by the left hand, so as to steady and fix it. The finger can now easily separate bulky remains, and

shreds can be curetted out. I have never had any result but perfect recovery, with no inflammatory sequelæ.—*Am. Jour. of the Med. Sciences*, July, 1887.

ULCERATION OF THE FEMALE URETHRA.—DR. LANDAU describes five cases of indolent crater-form urethral ulcer, with deep red, purulent, infiltrated base. Although the women were all syphilitic, the most thorough antisiphilitic treatment was absolutely without influence on the disease, as were caustics also. Of all remedies, lactic acid seemed to exert the most favorable influence. The ulcer begins at the external orifice of the urethra, and, in spite of medication, extends deeper and deeper. Guided by clinical appearances the author named the disease "*ulcus rodens urethræ*." Its distinguishing characteristics are (1) slow and painless progress; (2) limitation to the urethral tissues; (3) absence of tendency to cicatrize. The prognosis is unfavorable.—*Arch. f. Gynaekol.*, xxx, 1, 1887.

THE FREQUENCY AND THE OPERATIVE TREATMENT OF MALIGNANT OVARIAN TUMORS.—Of 116 ovariectomies performed by PROF. LEOPOLD, 26 (22.4 per cent.) were for malignant growths. Of these, 5 were papillary cystomata (2 double), 11 carcinomatous cystomata (5 double), and 4 solid sarcomata (2 double). In 6 cases (5 of carcinoma and 1 of sarcoma) the neoplasm had already invaded neighboring organs, and hence the operation was not completed. Of these 26 cases of malignant tumor, 5 (19 per cent.) died of asthenia developing rapidly in consequence of the operation, and within the next month died 4 of the 5 on whom exploratory incisions had been made. Thus, including the remaining case of exploratory incision, there survived 16 cases, of which 3 came under observation within the last year. Only 13 then can be considered in regard to relapse; of these, 9 relapsed within the first year; 4 (3 of papillary cystoma, 1 of sarcoma) are as yet to be regarded as cured. As diagnostic of malignant tumors are (1) their appearance at an early age; (2) their rapid growth in connection with sanguinolent ascites, rapidly progressive debility and infiltration of the glands of the pelvis; (3) early and oftentimes complete amenorrhœa. As an aphorism of treatment, Prof. Leopold advances this: Every enlarging ovarian growth, especially when bilateral, should be removed at the earliest possible moment. He discards puncture (tapping) on account of the danger of disseminating tumor germs.—*Deutsche med. Wochenschr.*, *Schmidt's Jahrbuecher*, Bd. 214, No. 5.

SOLID TUMOR OF THE LEFT OVARY.—DR. BANTOCK exhibited to the British Gynæcological Society a solid ovarian tumor that he had removed from a married woman, aged 39. On admission the patient's breathing was so much oppressed by ascites that he was obliged to tap her at once, drawing off twenty-two pints of fluid. There was also œdema of the lower extremities, which disappeared in two days. Reaccumulation of the ascitic effusion was so rapid,

however, that on the seventh day the patient was found nearly as large as before. At the operation the peritoneum was found very much injected, and the slightest sponging caused sanguineous oozing. Dr. Bantock therefore washed out the peritoneal cavity very freely, and, to avoid leaving any air behind, left at least a pint of water in Douglas' pouch to be removed by the drainage tube. Dr. Hills expressed the opinion that a great end had been attained in cleansing the peritoneum without the use of sponges.—*British Med. Journal*, May 28, 1887.

ETIOLOGY AND TREATMENT OF THE MULTIPLE ABSCESS OF NURS-LINGS.—In nine cases of this disease ESCHERICH has invariably found the staphylococcus pyogenes albus—in four cases in company with the s. p. aureus. The staphylococci were extremely numerous in the purulent contents of the abscesses—always between and never within the cell-bodies. They were abundant also in the wall of the abscesses, whither they had migrated by the sebaceous glands and hair follicles. Multiple abscess in nurslings is therefore the analogue of farunculosis in the adult. The mode of infection is explained by the discovery of these cocci in the passages both of well and of diseased infants. With this view of the disease, prophylaxis and treatment are simple. For the former the utmost cleanliness, and for the latter early opening of the individual abscesses with strict antiseptis.—*Munch. med. Wochenschr.*, xxxiii. 51; 1886.

THE NATURE AND TREATMENT OF CHOLERA INFANTUM.—Of 591 fatal cases of summer diarrhoea reported by Hope in children under two years of age, only 28 had the mother's milk exclusively, and of 341 reported by Ballard, only 2 per cent. had no other food. The evil influences of summer heat are therefore chiefly exerted on the food of the child. A temperature of about 98° F. with exclusion or limited supply of air is extremely favorable to the growth of germs, and the consequent fermentation and putrefaction of milk with the development of an irritant poison, diazobenzol, which was first isolated by the author, PROF. VAUGHAN, and subsequently by several other chemists. This, however, is only one of a large class of bodies produced by putrefaction, many of which are cathartic in action. With bottle-fed infants preventive measures appertain chiefly to the food—especially to milk.

Prophylaxis.—The cows should be healthy and have healthful food and drink—no swill, no refuse either of breweries or of glucose factories, no fermented food of any kind, no noxious weeds, no impure or stagnant water. The barn and yard must be kept clean, and the udders washed before milking. The milk should be thoroughly cooled at once—reduced to 60° F. within an hour, and kept at that temperature. It should be kept in a perfectly clean place free from dust—away from drains, cesspools and other sources of contamination. It should be kept in vessels of either tin, glass or

porcelain, which, after use, should be cleansed, scalded and exposed to the air. The depressing effects of extreme heat on the nervous system, and the consequent enfeeblement of digestion must be borne in mind; thirst must not be mistaken for hunger, and the stomach overloaded.

Treatment.—The food should consist of chicken or mutton broth, beef juice and rice, or barley water. Medicinally, the first thing is to cleanse the alimentary tract. At the outset nothing is better for our purpose than castor oil, but, if the discharges have already become serous, copious enemata of warm water are more suitable. These enemata may contain either an astringent or a disinfectant or both—benzoate or salicylate of sodium for the latter, and nitrate of silver or tannic acid for the former. Next, we should arrest the growth of the germ on which the disease depends. As this germ has thus far been found to develop in acid media only it is proper to administer an antacid. For this purpose, the old chalk mixture, prepared with glycerine instead of syrup, can hardly be improved. As to the use of germicides proper much is yet to be learned. The chief value of subnitrate of bismuth in this disease may be due to its germicidal property. Holt makes an excellent showing for sodium salicylate, which he prescribes in from one to three grain doses every two hours.—*Med. News*, June 18, 1887.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

THE MANAGEMENT OF EMPYÆMA.—At the meeting of the New York Academy of Medicine, May 19, 1887, the following views were expressed by various writers:

DR. J. EMMET HOLT.—More than one-half of all the cases of empyæma occurred in subjects under ten years of age. The prognosis in such cases is much better than in adults. Spontaneous absorption, though possible, is extremely rare. Dr. Holt has been able to find but two such results where the correctness of diagnosis had been verified by exploration with the hypodermic needle. Hence the chances of recovery through nature's unaided efforts are very small. The indications for treatment consist in evacuation of the fluid contents of the pleural cavity by aspiration or free incision. The advantages claimed for the former method are as follows: 1. Simplicity; 2. Freedom from danger; 3. That it does not remove the fluid rapidly; 4. That it does not require general anæsthesia; 5. That it does not require that the patient should be confined in bed; 6. That many cases are cured by aspiration alone. The objections to aspiration are as follows: 1. The entire quantity of fluid cannot be removed; 2. The terror often excited in children, especially when aspiration has to be repeated, is a serious obstacle to its success; 3. Where septa exists in the pleural cavity, but one division of the

latter may be evacuated. Of 121 cases of aspiration collected by him, 19 per cent. were cured; 6 cases died, and the remainder (92 cases) were subjected to other methods of treatment. Accordingly, aspiration is not to be depended upon as a means of cure. The advantages of incision are: first, its universal applicability; secondly, the fact that it enables the operator to explore the cavity thoroughly. The experience of older operators, notably that of Sir Astley Cooper, led them to regard the procedure as one almost necessarily fatal; but, since the introduction of antiseptics, there has been noted in this, as in other departments of surgery, almost absolute immunity from former dangers. Of 63 cases operated upon under strict antiseptic precautions, there were but two deaths. The average duration of these cases without antiseptics was six months; with antiseptics, six weeks. As a rule we have no better guide than Wagner's words: "Early incision, perfect drainage and complete antiseptis."

DR. F. HUBER, in a paper upon "Acute Empyæma in Children," said: As to matter of treatment, no medicinal agent would have any effect in producing absorption. Symptomatic, palliative and hygienic measures are of some value. The more promptly resort is had to surgical interference the better, provided it is not during the first few days of the attack. After acute febrile symptoms have subsided, aspiration may be tried first. If the pus is found to be "laudable" and inodorous, and reaccumulation is delayed, aspiration may be repeated. As a rule, however, more radical measures are demanded. The incision should be from an inch to an inch and a half in length, a drainage tube should be inserted and the cavity irrigated with an antiseptic fluid. Local anæsthesia by cocaine is sufficient for this operation. Of thirteen cases, three proved fatal from exhaustion, gastro-intestinal catarrh and erysipelas, respectively. All but two of the remaining cases made perfect recoveries, the average duration of the trouble being seven weeks. Mercuric bichloride solution (1-5000) was recommended as an irrigation fluid.

The surgical treatment of empyæma was further discussed by DR. ROBERT ABBE. In the treatment of empyæma the idea of securing absorption must be abandoned. The first point should be how to promptly rid the patient's chest of accumulated fluid. Repeated aspirations in a certain number of simple cases is competent to secure recovery. As a rule, this method is more efficacious in children than in adults. If the trouble continue for any length of time after aspiration, complete evacuation should be practised. By far the best results follow free incision and drainage. The seventh or eighth intercostal space is, as a rule, the best point for incision. Two large drainage tubes, of the thickness of the little finger, are usually advisable. Dr. Abbe operates under the carbolyzed spray, and dresses the wound with sublimate gauze and iodoform. In the great majority of cases there is no need of irrigation, but if the cavity or its contents exhibit evi-

dences of septic infection, this measure cannot safely be omitted. He employs chloroform as an anæsthetic for children, and local anæsthesia by cocaine for adults. In case a large accumulation of infected fibrine be discovered within the cyst wall, resection of a portion of rib and thorough irrigation become necessary.—*Boston Medical and Surgical Journal*, July 7, 1887.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

VISUAL TROUBLE OF DYSPEPTIC ORIGIN.—At the fifth meeting of the French Ophthalmological Society, M. GRAND CLEMENT discussed ("Revue Clinique d'Oculistique") the dependence of visual trouble on gastric derangement. Chronic and grave dyspeptic troubles produce, among other neurasthenic phenomena, visual disturbances which cause much distress to patients who do not know the relation between the stomach and visual disorders. It is true that this relationship is still imperfectly understood. The symptoms consist usually in painfulness of the globe, after some moments' use of accommodation, and radiation of pain into frontal region and even to the scalp; at the same time there may be vertigo and a sort of intellectual paralysis, etc. At other times there are scotomata, hemiopia, difficulty in accommodating for near objects, photopsia and, rarely, polyopia. Among children at the age of puberty one may find mild conjunctivitis, iritis, etc. These functional visual troubles are relieved and cured as readily as other neuropathic conditions due to dyspeptic disorders by re-establishing the regularity of the digestive functions. Regulation of alimentation, selection of proper food taken in moderate quantities and well masticated, some saline laxative, and especially alkalies will cause the morbid phenomena to disappear. It is true that if the hygienic rules be forgotten, and the improved bill of fare discarded, the symptoms may reappear. In grave cases, washing out of the stomach and the use of the hypogastric support according to the system of M. Glenard (of Lyons) are very useful. Since the researches of M. Bouchard, one readily explains these apparitions of visual organs of dyspeptic origin; they are simply the phenomena of auto-intoxication. Imperfectly digested food in the digestive tract is transformed into poisonous ptomaines or alkaloids, become absorbed, are carried to a distance to cause a thousand forms of neurasthenic disturbance; vertigo, temporary paralysis of intellect, palpitation, etc. In the discussion M. Bucheron said he thought that dyspeptic troubles, such as had been described by M. Grand Clement, were of rheumatic origin. M. Clement said he was in entire accord with M. Bouchard in believing them to be due to the influence of ptomaines.

WASHING OUT THE ANTERIOR CHAMBER.—M. VACHER says: Irrigation of the anterior chamber is of recent date. I was one of the first, not to say the first, to employ it methodically after each cataract operation ("Gazette Hebdomadaire," Sept. 4th, 1885). I then used for that purpose an antiseptic solution of the double iodide of mercury and potash, and a small syphon with canulæ of various sizes enabling one to regulate the size and force of the stream. Some months after publication of that article, the Academy of Medicine published a communication from Professor Panas on the same subject. I may therefore be permitted to claim priority in washing out the anterior chamber, and thus driving out small fragments of iris, blood, air bubbles, and bathing the iris in an antiseptic fluid. Consequently, secondary cataracts are much more rare—the elements which produce them being removed—the capsule shrivels up behind the iris and preserves the mobility of its sphincter, and rupture of the zonula is less frequent. The irrigation should be performed with much precaution, employing a stream of solution of moderate and constant force. The best instrument, in my opinion, is a small portable syphon which can be elevated or lowered at pleasure. The solution should be warmed to 25° or 30° C. After the irrigation the cornea is the seat of trouble, which rarely lasts more than five or six days. I do not know whether it is caused by the washing or by the constituents of the fluid employed. Fearing that the antiseptic fluid, which is slightly irritating, might be the cause of the trouble, I have used only warm water during the past six months, which I have boiled at the time of operating. The results which I have obtained are very favorable. I think that irrigation of the anterior chamber will become a necessary accompaniment of each cataract operation, and that it will prevent suppuration of the cornea, iritis and secondary cataracts.—*Ibid.*

ARTIFICIAL MATURATION OF CATARACTS.—M. ROHMER arrived at the following conclusions from his experience: It is possible to produce artificial ripening of cataract by the following methods: (a) incising the anterior part of lens with a needle; (b) paracentesis of anterior chamber with entire evacuation of aqueous humor; (c) massage made for some instants against the upper lids. In from twenty-four to thirty-six hours the opacity is nearly total, and is quite so in three or four days. Extraction can now be performed, but more would be gained by waiting a few days longer. The accidents resulting from such maturation are almost *nil*; the danger to the consecutive extraction consists in the incomplete evacuation of the lens substance. This may be avoided by washing out the anterior chamber; failing to do this one may see a plastic irido-choroiditis produced with occlusion of the pupil. Artificial maturation may be employed in cases in which spontaneous hardening goes on extremely slowly, and when both eyes are cataractous, and when spontaneous opacification is far from being sufficient to permit of extraction, but when

the vision has already so very considerably diminished as not to permit the patient to travel around by himself or to follow his occupation.—*Ibid.*

POSITION OF THE HEAD IN WRITING.—PAUL SCHUBERT, in "von Graefe's Archiv," xxxii, 1, p. 33, advocates the introduction of perpendicular handwriting into schools in place of the current slanting hand. The article occupies 82 pages, and has annexed four tables of the results of various measurements of the position of the head, etc., and seventeen specimens of German handwriting, every century from the eighth to the eighteenth, inclusive, being represented. As a practical conclusion to be drawn from his observations, Schubert lays down the rule that all children should be taught a perpendicular handwriting. Even if the erect median position of copy book be not actually better than the oblique median, still the teacher cannot tell, when inspecting work done at home, what absurd position may have been adopted in writing it, if the child is permitted to write anything but perpendicular letters. These letters can only be executed in the erect median position. It may be possible for adults to write more rapidly a slanting than a perpendicular hand, but in a manner that does not tend to deform their vertebral columns or their eyes. In many countries, now-a-days and in the past, perpendicular handwriting alone obtains and in Schubert's facsimiles of German handwriting it is seen that slanting letters were not adopted to any extent until the 17th century.—*Ophthalmic Review*, May, 1887.

TRANSPLANTATION OF THE CORNEA.—ADAMUK regards the preservation of the neighboring portion of the sclera as the most important step in this operation, and he advises excising as much as two millimetres in width of the latter in connection with the cornea, in order to retain as many of the nutrient vessels as possible. In his experiments he first employed the cornea of rats. The animal was killed, and, after carefully washing out the eye and *cul-de-sac*, the conjunctiva was dissected up from the equator, the sutures were inserted, and the whole was reflected over upon the cornea. The cornea and neighboring sclera were then separated from the eyeball and spread out in a one per cent. solution of common salt. Here it remained while the eye of the patient was prepared for transplantation. The cases chosen for this operation were those in which the entire cornea had been transformed into a dense leucoma. Before the trephine was used, the conjunctiva was dissected up all around for a breadth of two or three millimetres, and the necessary sutures were introduced. The trephine was then applied, and a piece of opaque cornea removed. The rat's cornea was then immediately applied in such a manner that the sutures were placed opposite each other, and they were immediately tied. A bandage was now applied, and this was not changed till the third day. Three cases were thus treated, but

in all of them the transplanted cornea sloughed. Adamuk then determined to resort to fowls' eyes. The operation was performed in the same manner, except that the ossification of the sclera in the vicinity of the cornea in the fowls' eyes required the removal of a larger width of sclera than was really necessary. Out of five cases operated upon in this manner, three proved successful. In two or three weeks after the operation the disintegration and rejection of particles of ossified sclera were observed as an independent process. The transparency of the transplanted cornea remained intact in all three cases—*Klin. Mntsbl. f. Augenheilk.*—*N. Y. Med. Jour.*, July 9, 1887.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.

KREMYANSKI'S ANALINE TREATMENT OF PHTHISIS.—The "Medical Record" (May 14, 1887) refers editorially to the analine treatment of consumption, and records the resolution of condemnation of this method of treatment by the Moscow Medical Society. The action of this society was based on the result of a single case, in which this analine treatment apparently hastened the patient's end. The "Record" rightly says: "It is hardly fair to condemn in such strong terms because of a single failure, which may not have been justly chargeable to the treatment adopted."

METHOD OF PROPHYLAXIS IN SCARLET FEVER.—The "British Medical Journal," June 11th, 1887, under this title, publishes a very instructive paper by DRs. W. ALLAN JAMIESON and ALEXANDER EDGINGTON. The clinical view is presented by Dr. Jamieson, and his deductions are confirmed by the microscopic researches of Dr. Edgington. The two sources of infection are supposably exhalations from the mouth and throat in the early stage, and the particles of dry cuticle, cast off in the latter stage; on this the method of prophylaxis is based. It consists in isolation as early as possible. Then the throat is disinfected by painting with a strong solution of boracic acid in glycerine (a saturated solution of boroglyceride in glycerine). But the most important step yet remains. The scaling cuticle is sought to be rendered harmless by means of inunctions, twice daily, of the following ointment:

Acidi carbolici,	xxx grs.
Thymol,	x grs.
Vaseline,	1 dr.
Ung. simplicis,	1 oz.

A warm bath is given at night. A series of cases in which this plan of treatment was fully carried out are recorded, and the results certainly demonstrate its prophylactic value.

TREATMENT OF HAY FEVER.—SIR ANDREW CLARKE selected as the subject of his "Cavendish Lecture," a "Speedy and sometimes Successful Method of Treating Hay Fever." The author states: "If you will compare the results of this treatment with the results of every other treatment, not excepting the cocaine treatment, which is its closest rival, you will have to confess that, however small may be the measure of success, it is not one which you can afford to despise." According to his views, three factors are at work in the etiology of this disease—the nervous constitution, the local irritability and the external exciting cause. He admits the value of a change to that climate where the external exciting cause is not present—as in high altitudes or on the ocean. But the physician must often deal with cases where the patient is compelled to remain within the limits of an exciting cause. To such Dr. Andrew has addressed his investigations. The local treatment seems to be the chief mode of relieving or curing the disease, and of such we have three plans—first, to allay the irritability of the mucous membrane; second, to exhaust the irritability; and, third, to remove or to destroy by caustic or cautery those portions of the nasal mucous membrane found to be the seat of the pathogenic irritability.

As to the first plan, the author did not find favorable results from any remedy except aconitine and atropine, and these of such slight value as to be of no material advantage. The after-effects from these drugs were at times very disagreeable. The comparatively recent introduction of cocaine gave a new stimulus to his researches to allay the nervous irritability, but his successes with a larger experience have not been what they promised to be, and he has felt that this plan of treatment is overrated, though of sufficient benefit to justify further trials. His main reliance in the treatment of hay fever seems to be included under the second plan, aided also by general measures. In his own words, "the object of the plan is to subdue the local irritability of the nasal mucous membrane to such an extent that it shall no longer react to special or common irritants whether pollen or dust, in a pathogenic manner." The general treatment embraces a "simple but liberal" diet, extreme moderation in the use of alcohol, daily exercise, early hours, and, as medicaments, arsenic and iron, and if nervous as well as weak, in full doses tartarized iron, ammonium bromide, tincture of nux vomica and solution of the arsenite of soda. Fifteen grains daily of quinine dissolved in citric acid and given in effervescence with ammonium carbonate have also yielded good results. The local treatment which the author thinks is very important, is as follows: Glycerine of carbolic acid, 1 oz.; hydrochlorate of quinine, 1 dr.; and a two thousandth part of perchloride of mercury. Heated glycerine of carbolic acid will dissolve the amount of quinine. For a cleansing solution, boroglyceride one ounce to the pint of warm water is recommended. The mixture is then applied by means of a laryngeal

brush. The after-effects are unpleasant and he warns the operator to advise the patient of what will follow. Sometimes there is a slight frontal headache, at times a blood-stained mucus is discharged from the nose, and again a slight cough and even a paroxysm of the hay fever. Within half a day these unpleasant consequences subside. As to the results, the writer states, that sometimes a single application is sufficient to prevent for the whole season a return of the paroxysm, and four times within his knowledge it has never reappeared. Two or three applications are usually required, and the interval between ranges from two to three days, according to the severity of the after-effects.—*British Medical Journal*, June 11, '87.

THALLIN IN THE TREATMENT OF GONORRHOEA.—On the basis of Dr. Kreiss' experiments on gonococci with this drug, PROF. GOLLY, of Zurich ("British Medical Journal") has treated several cases of acute and chronic gonorrhœa with Thallin. Solutions of two to two and one half per cent. injected in the inflammatory stage have quickly changed the discharge from purulent to sero-mucous. Such complications as epididymitis, irritation of the bladder, and cystitis are in a certain degree prevented. Cases of gleet seemed permanently benefitted by irrigations of the urethra with a one to one and one-half per cent. solution. The internal administration of the drug in doses per day of 25 to 30 centigrammes is also of advantage in cases of sub-acute or chronic cystitis of gonorrhœal origin.—*Therapeutic Gazette*, June 9, 1887.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement

Regular Meeting, Tuesday, May 21, 1887.

The President, W. E. BRIGGS, M. D., in the Chair.

DR. W. R. CLUNESS exhibited a specimen from a case of *Fibrocystic Tumor of the Uterus, with a Life History of over Thirty Years*.

The pathological specimen which I here exhibit consists of the uterus and all of its appendages embraced in what has been regarded by me, for the past twenty-four years, as a mass of extra-uterine fibroid growths. Were Dr. Oatman present he could probably give us the earlier history of the case, as I have been informed by the husband and daughter of the lady, from whom the tumor was removed, that he had previously attended her professionally. At any rate I was summoned to attend her twenty-four years ago this month, and, upon examination, diagnosed the existence of two distinct extra-uterine tumors, so intimately connected with the uterus posteriorly and superiorly as to render their removal extremely hazardous.

The lady was then forty years of age, menstruated regularly and normally, was unusually active and industrious, and enjoyed excellent health, my services having been solicited for diagnostic purposes only. Upon further inquiry I learned that she had had three children at so many births, the last being then fourteen years of age. Her labors had been in all respects normal, yet she had ever since experienced at intervals, more or less uneasiness, and, at times, considerable pain in the uterine region. About four years subsequent to the birth of her last child she felt confident there was "something growing in her womb," and about six years later she accidentally discovered a small and hard tumor above the brim of the pelvis to the left of the median line. A few months later, while in the recumbent position, she discovered that the growth referred to, communicated with two others which were more deeply situated, and for the first time she consulted a physician. From this time until she fell into my hands, just twenty-four years ago, I have been unable to ascertain anything more definite than that the tumor was regarded as being a multiple fibroid, and that it could probably be successfully extirpated. At any rate, the late Dr. J. F. Morse, who was her then attendant, and who fully concurred in the views already expressed, advised its removal. The doctor, however, having removed to San Francisco the case came fully under my care. During October, 1863, it was observed that not only had the growths alluded to slightly increased in dimensions, but a tumor similar in all respects, could be distinctly felt to the right of the median line and intimately connected with the uterus.

Examination with the uterine sound demonstrated the correctness of the previous opinions as to the character and location of all the morbid growths and their close attachment to the uterus, and it was not deemed proper that any attempt should be made to remove them for the following reasons:

1st.—Because they were considered to be fibroid and too intimately connected with the uterus to admit of their removal independent of that organ.

2d.—Because they did not materially interfere with the comfort of the patient, or prevent her from attending to her usual household duties.

3d.—Because their removal would have been attended with extreme danger to her life.

4th.—Because of the probable near approach of the menopause, when it was hoped their further development would be arrested, or their absorption take place with the assistance of appropriate treatment.

During the subsequent ten years, however, she continued to menstruate with regularity, and it was not until 1875 that the catamenia had entirely ceased. The tumors, also, slowly increased in dimensions, and by this time had assumed the appearance and imparted

the sensation of one large nodulated mass. They also maintained the characteristic hardness of fibroid. Nowhere could there be discovered evidence of cystic degeneration, nor had there been at any time sufficient discomfort to demand the services of a physician, my visits having been usually made for the purpose of watching the progress of the case, or for some other trifling ailment wholly disconnected with the question under consideration.

In 1872, the approach of the menopause became evident by irregularity in the return of the flow, and by its diminished quantity, yet it was not until the early part of 1875 that she could have been said to have fully completed that period. She was then, it will be observed, 51 years of age. It should, perhaps, be mentioned here that during the year 1873 she removed with her husband to the country, eight or nine miles east of this city, where for ten years she not only superintended her household duties with great ability, but also canned and preserved large quantities of fruit, for which she invariably received first premiums at our State Fairs. She also prepared for publication her very admirable work upon cookery. These facts attest her great industry and usefulness. She enjoyed uniform good health, making an occasional visit to my office for the purpose of noting any important changes which might have occurred. It was thus observed that the tumor slowly but surely increased, for by 1882 it had reached to within a couple of inches of the umbilicus. It was also observed that the tumors, heretofore distinct and separate, excepting in their basic attachment, had considerably coalesced, and that cystic degeneration was taking place in the most prominent point to the right of the median line.

In 1883 she again took up her residence in this city, not, however, because of failing health, but for the purpose of obtaining that rest and freedom from the drudgery incident to farm life to which she believed herself entitled during the remainder of her life. Her health continued uniformly good; at no time during all of these years had she suffered any considerable amount of pain, nor had she at any time required an anodyne of any kind. Early in 1885 a slow but progressive emaciation took place in her general system which caused the tumor to appear larger and more prominent; it had not increased, however, nor do I believe there was any subsequent development. She complained of more than usual discomfort in the tumor, which, she stated, was becoming burdensome. By the early part of the present year she had become much emaciated, the cyst wall appeared thinner, especially over its left half, and in February subacute inflammation over nearly the whole of its surface had commenced, necessitating for the first time the administration of opiates. From this time she very gradually failed until the 5th of June, when she died of asthenia.

Autopsy.—With the assistance of Drs. Simmons and Baldwin, a

post-mortem examination was made, and I am therefore enabled to present this very interesting pathological specimen. It should, however, be stated that it was firmly attached to the uterus, and from the history of the case, and the evidence presented during the necropsy the conviction was clear to each of us that it never could have been removed during life independent of that organ.

The whole mass is somewhat irregular in outline and is pear-shaped, the larger end pointing upwards, and weighs slightly less than thirteen pounds. Upon its anterior surface, you observe, the uterus into which this probe readily enters a distance of three inches; you also observe that there is no line of demarcation between it and the tumor, and that both are so inseparable as to present the appearance of but a narrow sinus in the anterior aspect of the growth into which the probe enters. All of the uterine appendages are wholly obliterated. Upon making a section of the uterus from os to fundus you observe that its texture appears healthy and normal, and you see now more clearly than ever that its posterior wall forms part of the anterior wall of the tumor. Upon making a section of the tumor, slightly to the right of the median line, we enter a large cyst containing a thick, smeary mass, resembling vernix-caseosa, consisting of epithelial cells and sebaceous fluid, or what Klobe terms fatty grease, like lard or butter. As we evacuate this semi-fluid, ropy material we find hairs intermingled therewith, and as we approach the inner walls of the cyst we find a large mass of dark brown hair from three to six inches in length, attached thereto. This is in the right segment of the cyst, and is attached to a large plate of bone. Here, also, are several smaller plates of bone situated in different parts of the inner surface of the cyst; and firmly imbedded in its posterior aspect, is a large osseous development somewhat resembling the inferior maxilla, into which are inserted two well developed incisors. This, gentlemen, is a revelation, and demonstrates the existence of a dermoid cyst.

In the cyst-wall, more particularly upon its posterior aspect, and to the left of the median line are several small cysts, which upon being evacuated, you perceive contain a semi-gelatinous substance somewhat less creamy in appearance and less greasy. These, I believe, are fibrocystic growths, from which it still appears probable my patient suffered originally, the right ovary becoming subsequently involved, and developing the dermoid cyst which you have been examining. I will make a more careful dissection of this most interesting specimen and report upon the subject.

A further examination of this very interesting pathological specimen enables me to confirm the views previously expressed regarding it. There can be no doubt that the specimen is exceedingly rare and valuable, presenting as it does unmistakable evidence of the existence in one morbid mass of a degenerated fibroid growth and a dermoid ovarian cyst. I have discovered in connection with the

dermoid part of the tumor nothing of special interest, excepting that the hair was firmly attached in part to the dermoid surface, and that its attachment resembled very closely that of the hairy scalp, springing from hair follicles. It was also of a dark brownish color, and closely resembled the natural hair of the patient, which is said to be a very unusual thing, the hair of dermoid cysts being usually reddish blonde.

Regarding the origin of dermoid cysts I need say but little; any of the text-books upon ovarian tumors contain the desired information. The old idea, however, that they are the remains of fœtuses, does not obtain credence anywhere, for Schnabel found one in a girl thirteen years of age who had never menstruated, and which contained several fragments of bone and over 100 teeth. Dermoid cysts have also been found in fœtuses of eight months, at full term, and at all subsequent ages. Peaslie considers them always congenital.

This case presents many points of great interest, and to me it is of very great value, especially as it demonstrates fully the correctness of my opinion in advising against surgical interference. Here was a lady who had lived a far more than ordinary and useful life for upwards of thirty years, and all that time carried in her abdomen a slowly developing tumor, the removal of which would at any period of its existence almost necessarily have terminated her life. I had stated, in reply to a question, that in my opinion the surgeon was never justified in interfering with a morbid growth of any character, unless it endangered the life of his patient. Since then I have read with much interest the corroboration of those views from the pen of Dr. Horatio R. Bigelow, of Washington, D. C. He says, "I hold it as axiomatic that *no tumor calls for surgical interference unless it is immediately endangering life.*" When, however, we encounter a rapidly growing cyst, or malignant growth, or soft myoma, the case is different, for there is no known cure but by early operation. In the case under consideration, I entertain no doubt whatever that an operation at any time would have resulted fatally; and I am equally certain that the judicious surveillance and care exercised in the conduct of the case, coupled and seconded by the extraordinary good judgment of the patient, prolonged her useful life for many years.

DR. G. G. TYRRELL read a paper on *Zymotic Disease in its Sanitary Relation*. The author reviewed the various theories regarding the propagation of disease and its transference from person to person; its carriage by clothes, air, food, water and the specific nature of the contagion in individual diseases. His views were in accordance with modern pathological research, and agreed with the germ theory in the explanation of the morbid processes attending zymotic diseases generally. Reference was incidentally made to prophylaxis, but the subject of practical preventive measures was not discussed.

DR. I. E. OATMAN, in opening the discussion, said that many of the great desiderata in sanitary matters were yet undetermined. Thomas, according to his definition, classes most of the common diseases as zymotic. Regarding the germ theory, his latest observations showed him that eminent authorities were still undetermined whether a pathological condition of the system first existed furnishing a culture ground for the spores, or whether the germ originally sets up the process. He was inclined to the opinion that the pathological condition first existed. If germs were really the origin of disease, then it would be possible to look forward to the discovery of a germicide for each. Cleanliness, as bathing, efficient sewerage and disinfection, were the first requisites. Diphtheria was one of the diseases which was regarded as of bacillary origin, and the question he had raised applied directly to this, but the probability was most strong that a pathological condition existed beforehand.

DR. W. A. BRIGGS, while concurring in the main with the views of the author of the paper, expressed his emphatic dissent from those of Dr. Oatman. It is a well-recognized principle in scientific investigation, other things being equal, to accept the simpler explanation. Why, then, assume the concurrence of an "essential pathological condition," and of bacilli or germs as mere epi-phenomena, when the latter alone suffice for the most severe exactions of the scientific method? But the germ theory is not merely the simpler explanation—it is the only one. That an independent and essential pathological condition should invariably co-exist with an accidental factor, the germ, and never exist at any other time, is not merely improbable—it is absolutely without the pale of possibility.

DR. J. R. LAINE said that the evidence in favor of the germ theory was conjectural and imperfect. We simply take the statements of authorities and observers. What did we gain? For all admitted that filth produces disease. Taking one disease, it seemed most reasonable to suppose that diphtheria has a germ origin. The presence of spores or germs in any disease would not decide that they were the causing element.

DR. G. L. SIMMONS—Had on former occasions expressed his faith in the germ theory, and had seen nothing during the last few years to controvert it. The fact that we had not been able to determine all the germs of individual diseases did not refute those that had been demonstrated. We do know that some exist, and that they had been cultivated. The question of remedies was of importance in this connection; most of them would kill the germs outside as well as in the body. The sulphides, the mineral acids, the iron preparations, all were germicides. We get their local as well as their general effect, and we failed, as in diphtheria, when they were not absorbed. There seemed to be some direct relation between privy filth and diphtheria. Two years since he had seen a case in the

western part of this city, where on the opposite side of the street and in the alley behind the house cases also existed. Some days before the children had been watching an excavator at work in the neighborhood, and all were taken sick about the same time. Several cases which had recently occurred in one neighborhood were traceable to the same cause, the children having watched a cesspool being emptied.

DR. W. R. CLUNESS said that Dr. Briggs had graphically expressed his views on the germ theory. He could not see how, as Dr. Oatman stated, that a person's system could be in a condition to propagate the disease, unless the specific germ was present. If the infective element was scarlatinal, it would produce its like and that only. He wished that the paper had been more practical. It was a popular notion that whooping-cough, scarlet fever, etc., were a necessary part of the education of early life, and the public mind should be disabused of this error. Medical men should be more cautious in their habits and avoid conveying infection as in scarlet fever and diphtheria. He would like to add a remark by Dr. Angel, of Philadelphia: "No scientist on either side of the Atlantic disbelieves in the germ theory of disease, therefore we should accept it."

DR. T. W. HUNTINGTON disagreed with Dr. Oatman. He was not a bacteriologist; he did not believe that the ordinary practitioner could go into work of that kind. They got their inspiration from elsewhere. He was not aware that any authority would gainsay the position of bacteriologists in the statement of the germ theory. Instead of gainsaying the theory, it was better to carry it out in practice. Regarding the ingress of diphtheria, he believed that the poison was not a local one, though one of the earliest symptoms was in the fauces.

THE PHYSIOLOGICAL ACTION OF GASEOUS ENEMATA.—DR. BERGEON, in a communication to the Académie des Sciences ("L'Union Médicale") says: Elimination of carbonic acid takes place by the lungs; the pulmonary interchange is active, and it produces what we may term a "veritable ventilation by the carbonic acid." We can compare this interchange to a sort of respiratory diuresis; the carbonic acid appears to play a similar part to that of water in the urine, the CO₂ in traversing the tissues is charged with excretory products which ought to escape from the body, and the gaseous enema clears the venous blood which it traverses, the lungs, the bronchi and the respiratory passages; it causes a veritable bathing of the blood and the organs of respiration. As nothing is more difficult than washing the impure carbonic acid, we recommend the employment of the purest material for its production, and the use of glass apparatus similar to that which we have adopted where the gas is conducted directly into the intestine. We are convinced that the great part of the remarkable therapeutic failures, accompanied by colic, are owing to the use of defective apparatus or impure gas.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: AUGUST, 1887.

CHANGES IN THE PLAN OF ORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

The report of the committee on changes in the plan of organization and by-laws of the Association is an able document and the question bears evidence of careful consideration at its hands. It is to be regretted, however, that the report is, in the main, adverse to any change, though we recognize with satisfaction the recommendations which imply some desire for progression.

The report advises the formation of a general committee, to be composed of two members from each State and Territorial Medical Society entitled to representation in the Association, and from the medical departments of the United States Army, Navy and Marine Hospital Service. The term of office will hereafter be two years, and the committee will be elected by the members registered and present at the annual meeting from each State, Territory, etc. This committee will nominate the officers for each year and perform other work which may be required of it by the Association. This comprises the important changes recommended; some alterations in the by-laws have also been suggested, all of which are of practical value.

There is no doubt that great difficulties beset an attempt at radical changes in such a body as the National Association, and it would take much time and thoughtful consideration to bring these changes to a successful issue. The fact remains that the American Medical Association does not hold to-day

the position to which it is rightfully entitled. The oft repeated connection between local and State societies is a matter only of theoretical existence. The door has long been open for every member in these societies to join the Association, but few have availed themselves of the privilege; and this condition is likely to continue until the various organizations are harmoniously welded together. The Association's gain in membership is not commensurate with its position, and as this gain means increased revenue and augmented influence through a real constituency, which it alone is entitled to represent, we must, for the present, patiently submit to the insinuation that the Association assumes a status, which facts will not entitle it to claim. It certainly appears that the absence of a permanent organization and the many factors which that implies have tended to the production of numerous special associations whose existence is in a measure harmful to the older body.

THE PROFESSION AND PUBLIC IMPROVEMENTS.

A very large immigration of the better class of people is sure to visit California the coming winter. At all the principal eastern centres parties are being formed to spend from three to six months upon the Pacific Coast, and the progressive cities and towns of our State are vying with each other in their efforts to make a good and lasting impression upon the coming visitors, who will stay longest in that locality where the comforts and even luxuries of life are best obtained.

Realizing the great advantage to be gained by retaining at least a share of this influx, public attention is now being directed to some of the defects of our water supply, drainage, sewerage and unhealthful surroundings. Discussions are being held as to the best methods to correct these evils, and the knowledge of medical men upon the subjects is sought after with the greatest avidity. Here, then, is an op-

portunity for our profession to make its influence felt in matters relating to the public health. In this field we have no competitors, and a full and free tender of such knowledge at this time will elevate our calling and be appreciated by a generous people.

THE REPORT OF THE BRITISH COMMISSION ON HYDROPHOBIA.

The Commission which was appointed in April, 1886, consisted of Sir James Paget, Sir Joseph Lister, Sir Henry Roscoe, Dr. Richard Quain, Dr. Lauder Brunton, Prof. Burdon Sanderson, and Dr. George Fleming, Principal Veterinary Surgeon to the Army, with Mr. Victor Horsley as Secretary. These familiar names carry with them the assurance that their verdict may be taken as the deliberate expression of acknowledged scientific authority, arrived at by careful inquiry and accurate experiment.

In pursuing the investigation, Professor Burdon Sanderson, Dr. Lauder Brunton and Mr. Victor Horsley visited Paris, inspected the work of M. Pasteur's laboratory, examining his cases, statistics and published opinions. They personally investigated the history of ninety patients who had received treatment after infection from animals supposed to have been rabid. Mr. Victor Horsley also made a series of experiments for the committee.

The report is in every way favorable. In reviewing it, the "British Medical Journal" says: "In a comparatively few paragraphs it affords the most complete and powerful defence of M. Pasteur's method, and the most crushing reply to his critics yet published." We are indebted to our London correspondent for a copy of the report, an abstract of which appears in another column.

NOTES.

SAN JOSE, with a population of 20,000 and 32 physicians, has no Board of Health.

THE CROWN PRINCE.—The "British Medical Journal," of June 2, 1887, says that Dr. Mackenzie has again operated on the Prince and removed almost the whole remaining portion of the growth. It is believed that no further operative procedure will at present be required. The interest in the case now centres on the question of recurrence.

THE TYPHOID BACILLUS.—M. Gabriel Pouchet, reporting the results of experiments in the cultivation of the typhoid bacillus to the Academy of Medicine ("British Medical Journal"), says: "The proliferation of the bacillus ceases in media of any kind that are rich in organic matter. It is more easily developed in pure than in impure water. The best medium of cultivation appears to be a nutritive gelatine obtained from broth prepared in the same manner as that usually made from veal by means of intestine from which all faecal matter has been washed away. It is interesting to compare this experimental result with the fact that the anatomical lesions of typhoid are principally situated in the intestine.

LEPROSY COMMUNICATED THROUGH VACCINATION.—Professor W. T. Gairdner relates a case in the "British Medical Journal" in which leprosy was undoubtedly communicated through vaccination. A physician practising on "an island in the tropics, a well-known endemic seat of leprosy," vaccinated his son from a native child in a leprous family. The child subsequently became affected. Using his son as a *vaccinifer* he vaccinated the child of a patient. Both children became affected with leprosy, which in the latter case assumed the gravest form, and at the date of the narrative was approaching a fatal termination. In the child of the physician the disease, though well marked, was of a very mild type, which had not prevented his attending a public school and pursuing the usual educational course.

PUBLIC LIBRARIES AND INFECTIOUS DISEASES.—The "British Medical Journal" mentions that Dr. Linsom has recently called attention to the position which public libraries may occupy in the dissemination of infectious diseases. The doctor "recognized at the house of a patient suffering from scarlatina, a book which he recollected having noticed in the room when in attendance upon a previous patient, a few days before, who was also suffering from that disease. On inquiry he ascertained that in the second case the symptoms had commenced within two days of the loan of the book, and circumstances plainly point to the book as the source of infection." The same danger exists in every town which possesses a free library, and while some precautions may be taken by the authorities in the absence of compulsory notification, of infectious disease, the matter will be one of extreme difficulty.

INDEX MEDICUS.—We notice in the "Therapeutic Gazette," of June, 1887, that the Tennessee State Medical Society, at the meeting at Nashville, adopted a resolution expressing its high appreciation of the liberal aid given investigators everywhere by the publisher of the "Index Medicus." and hoping that the profession would not allow "the final effort to maintain a great periodical, which has reflected special credit on American medical science, to fail because of indifferent and niggard support." The resolution is a graceful tribute to the unique publication, whose merits are best described in the following paragraph from the original prospectus: "Few words are required to demonstrate the utility of the projected serial. In its pages the practitioner will find the titles of parallels for his anomalous cases, accounts of new remedies, and the latest methods in therapeutics. The teacher will observe what is being written by the masters of his art in all countries. The author will be enabled to add the latest views and cases to his forthcoming work, or to discover where he has been anticipated by other writers." * * * In the hands of its present publisher, Mr. George S. Davis, the original standard has been fully maintained, and it is rather discouraging that the work does not yet pay for the expense of publication. If medical societies throughout the country would follow the example of the National Association and become subscribers, it might enable the enterprise to be continued without financial loss. We have some pride in the fact that the Sacramento Society for Medical Improvement, possesses a complete file of the "Index."

PROLONGED SURVIVAL AFTER DESTRUCTION OF STOMACH.—A remarkable case of poisoning by chloride of zinc, followed by absolute destruction of the stomach is reported by Mr. W. H. Jalland in the "British Medical Journal." The patient, a man aged 33 years, swallowed with suicidal intent, about three or four ounces of a saturated solution of chloride of zinc, June 12th, 1887. During the two weeks following the ingestion of the poison, he vomited constantly; the vomiting was regurgitant in character and followed every attempt at taking food; there was frequently a tinge of blood in the matter ejected. Under treatment he improved and though the vomiting continued it had lessened, there was no tinge of blood, and the patient was up every day. About July 31st, he began to lose ground, the vomiting became more frequent, and he was fed by nutrient enemata. After this he improved, at first retaining small quantities of milk and beef tea which were gradually increased until he consumed eight pints of strong beef tea and one or two pints of milk daily. Early in September, though taking this large quantity of nourishment, he began to fail, dying on the 7th. During the entire illness he suffered from substernal pain and a burning sensation in the epigastrium both of which were increased by taking food. At the necropsy no trace of the stomach could be found. Its place was filled by an organized inflammatory matting of the gastro-hepatic omentum, and the upper portion of the great omentum to the adja-

cent viscera. The mass showed no traces of the muscular mucous or serous coats of the stomach, but consisted of organized inflammatory peritoneal adhesions. It was about five inches in length and four in circumference. On opening it no trace of a mucous membrane could be seen between the termination of the œsophagus and the commencement of the duodenum, a distance of four inches. The internal diameter of the cavity was from three-quarters to one inch.

SPECIAL CORRESPONDENCE.

NEW YORK.

[FROM OUR OWN CORRESPONDENT]

The Summer Recess.—Medical Service amongst the Tenement House Population.—Work of the St. John's Guild.—Fresh Air for the Sick.

The busy wheels of the various medical societies are now at rest, after a season of great activity, during which no friction has been noticed or discordant jars have been heard. The last meeting of the Academy of Medicine, before the summer vacation, was devoted to reports from the numerous sections, and to a memoir of the late Dr. E. Darwin Hudson, Chairman of the Section on Practice of Medicine, by Dr. Lawrence Johnson; after which the President entertained the Fellows of the Academy and their friends at a reception at his residence.

Among those present at this reception were the members of the newly organized American Orthopædic Association, which had been holding sessions during the two days previous. Prior to the reception, it had enjoyed a dinner given to its members and a few other guests at the beautiful St Nicholas Club-house, on Fifth Avenue, by the committee who had charge of the organization of the association, Drs. V. P. Gibney, L. H. Sayre and H. M. Shaffer. At this delightful banquet short addresses were made by the President-elect, Dr. Shaffer, and by Drs. Lewis A. Sayre, of New York, Bradford, of Boston, and A. S. Roberts, of Philadelphia.

At the last meeting of this season of the New York County Medical Association, valuable papers were read by Dr. George T. Harrison, on Indications for the Induction of Premature Labor, and by Dr. Charles A. Leale, who was for two years president of the Association, on the Prevention of Chronic Disease among the Children of New York City. In the course of his remarks, Dr. Leale incidentally gave an interesting account of the valuable work accomplished among the children of the poor during the summer of 1886, by the St. John's Guild, with which he has, for some time past, been prominently identified. For a number of years past it has been the

practice of the New York Board of Health to appoint a special corps of physicians to systematically visit the tenement house population during the heated term; but last year, as the Board of Estimate and Apportionment failed to make any appropriation for defraying the expenses of this work, and none could be spared from the regular funds of the Health Department, it was found necessary to discontinue the service.

In consequence of this the St. John's Guild determined, at its own expense, to make up as far as was in its power for this deficiency, and three members of the Board of Trustees, of whom Dr. Leale was one, having generously given up their summer vacations to devote themselves to the work, were constituted a supervising committee. Dr. Leale was chosen president of the latter, and in order to accomplish the most good, six physicians, among those best fitted to perform the duties, were chosen from a long list of those familiar with the English, French, German, Italian, Spanish and Hebrew languages, so that as many sick children as possible might be benefited. The most densely populated parts of the city were selected as those requiring the most urgent attention, and they were divided into six districts; to each of which a physician was assigned. The work began on the 3d of August and ended on the 13th of September, and during this time 3659 families were visited; representing 7146 adults, and 10,086 children. Among these there were found 217 sick adults, and 3376 sick children. The diseases most prevalent were gastro-intestinal trouble, measles, diphtheria, scarlet fever, scrofula and syphilis, and in nearly every case these 3376 children were not only without proper medical care, but were living in places of such unhealthy character as to render complete recovery almost impossible.

The vast importance of improving the sanitary conditions being, therefore, duly recognized, this corps of visiting physicians were directed to make special investigations in regard to the sanitary condition of the houses, and, as a result, they reported that 699 premises were in good sanitary condition and 2097 were in a fair condition, while 863 families were surrounded by bad hygienic influences or living in places unfit for human habitation. These were immediately reported to the Board of Health for correction. To give the sick children the benefit of as much fresh air as possible, 6312 free tickets were distributed for the excursions of the St. John's Guild Floating Hospital, which, three times a week during the hot weather, carries out to the ocean over a thousand mothers and children, to both of whom an abundance of wholesome food is supplied. In addition, to twenty-four very ill children, tickets were given admitting them and their guardians for a fortnight at the Guild's branch hospital which is beautifully situated on Staten Island, with an ocean beach on one side and a fine grove of shade trees on the other.

During the entire service the visiting physicians devoted on an average four hours a day to their work, and some of their reports re-

vealed a sickening condition of affairs in some of the over-crowded tenement-districts. One of them, whose district was inhabited principally by Hebrews recently arrived from Austria, Hungary, Poland and Roumania, wrote: "Upon a hot summer's day to enter a room in a rear house whose walls are cracked and besmeared with refuse, and perhaps dead vermin, occupied by a family of six or eight, harboring three or four boarders, upon the floor of which might be seen soiled linen, particles of food, and children, with a mother standing above the red-hot stove, washing and cooking, and perhaps attending to a sick child lying in a dark bed-room, suffering from cholera infantum, diphtheria or scarlet fever, was an experience not infrequently met with by me." Another thus described one of the scenes he constantly met with: "In the small yard of a rear tenement, groups of sickly children were seen playing around an almost open cess-pool, a so called 'school sink.' These children have characteristic appearances; they are stunted in growth, pale, and, as a rule, have some form of ophthalmia. Rheumatism is also a frequent visitor to these miserable abodes, and leaves in many of those who survive, some form of heart disease."

One of the greatest advantages of a house to house service, such as that in question, is that by this means cases of incipient disease, particularly of a diarrhoeal character, are often met with and relieved, which would otherwise have been allowed to go on without medical care until a stage had been reached when all treatment would be likely to prove hopeless.

NEW YORK, July 15, 1887.

ABSTRACT OF THE REPORT OF THE COMMITTEE OF INQUIRY INTO M. PASTEUR'S TREATMENT OF HYDROPHOBIA.

The report opens with a statement of the methods by which the inquiry was conducted, and then proceeds to give the facts and conclusions.

The experiments by Mr. Horsley entirely confirm M. Pasteur's discovery of a method by which animals may be protected from the infection of rabies. The general facts proved by them may be thus stated:

If a dog or other animal be bitten by a rabid dog and die of rabies, a substance can be obtained from its spinal cord which, being inoculated into a healthy animal, will produce rabies similar to that which would have followed directly from the bite of a rabid animal, or differing only in that the period of incubation between the inoculation and the appearance of the characteristic symptoms may be altered. Rabies thus transmitted by inoculation may, similarly, be transmitted through a succession of rabbits with marked increase of intensity. The virus in the spinal cords of rabbits that have died

of inoculated rabies may be gradually so weakened or attenuated, by drying the cords in a pure and dry atmosphere at a temperature of 20 C., the manner devised by M. Pasteur, that, after a certain number of days' drying, it may be injected into healthy animals without any danger of producing rabies. By using, on each successive day, the virus from a spinal cord dried during a period shorter than that used on the previous day, an animal may be made almost certainly secure against rabies, whether from the bite of a rabid animal, or from any method of subcutaneous inoculation. The protection from rabies thus secured is proved by the fact that, if some animals thus protected and others not thus protected be bitten by the same rabid dog, none of the first set will die of rabies, and, with rare exceptions, all of the second set will so die. In proof of this, the following experiment was performed: Six dogs were protected by injecting subcutaneously the emulsions of spinal cords of rabbits which had died of rabies, beginning with that of a cord which had been dried for fourteen days, and on each following day using that of a cord which had been dried for one day less, till at last that from a fresh cord was used. None of the dogs suffered from the injections. The six protected dogs with two unprotected, and some unprotected rabbits, were then bitten by rabid dogs or by a rabid cat. All of the unprotected animals died of rabies. The protected dogs survived; one of them which had been frequently bitten subsequently died, but not from rabies.

It may, hence, be deemed certain that M. Pasteur has discovered a method of protection from rabies comparable with that which vaccination affords against infection from small-pox. It would be difficult to over-estimate the importance of the discovery, whether for its practical utility or for its application in general pathology. It shows a new method of inoculation, or, as M. Pasteur sometimes calls it, of vaccination, the like of which it may become possible to employ for protection of both men and domestic animals against others of the most intense kinds of virus. The duration of the immunity from rabies which is conferred by inoculation is not yet determined; but during the two years that have passed since it was first proved, there have been no indications of its being limited.

That an animal may, by progressive inoculations, be protected from rabies suggested to M. Pasteur that if any animal or any person, though unprotected, were bitten by a rabid dog, the fatal influence of the virus might be prevented by a timely series of similar progressive inoculations. He has accordingly inoculated a very large number of persons believed to have been bitten by rabid animals. To ascertain the amount of success in these cases with numerical accuracy, several factors are required which it is not possible to obtain.

1. It is often difficult, and sometimes impossible, to ascertain whether the animals by which people were bitten were really rabid.

2. The probability of hydrophobia occurring in persons bitten by

dogs that were certainly rabid depends on the number and character of the bites; whether they are on the face or hands or other naked parts; if they have been inflicted on parts covered with clothes, their effects may depend on the texture of the clothes, and the extent to which they are torn. The amount of bleeding from the wounds affects the probability of absorption of virus.

3. In all cases, the probability of infection may be affected by speedy cauterising or excision of the wounded parts, or by other methods of treatment.

4. The bites of different species of animals, and even of different dogs, are unequally dangerous. It is certain that the bites of rabid wolves, and probable that those of rabid cats, are far more dangerous than those of rabid dogs.

The amount of uncertainty due to these and other causes may be expressed by the fact that the percentage of deaths among persons who have been bitten by dogs believed to have been rabid, and who have not been inoculated or otherwise treated, has been, in some groups of cases, estimated at the rate of only 5 per cent., in others at 60 per cent., and in others at various intermediate rates. The mortality from the bites of rabid wolves, also, has been, in different instances, estimated at from 30 to 95 per cent. To ascertain, as far as possible, the influence of these sources of fallacy in cases inoculated by M. Pasteur, the names of ninety persons were taken from his note-books. No selection was made, except that the names were taken from his earliest cases, in which the periods since inoculation were longest, and from those of persons living within reach in Paris, Lyons and St. Etienne. Among the 90 cases there were 24 in which the patients were bitten on naked parts by undoubtedly rabid dogs, and the wounds were not cauterised or treated in any way likely to have prevented the action of the virus; there were 31 in which there was no clear evidence that the dog was rabid; others in which the bite, though inflicted by undoubtedly rabid animals, having been through clothes, may thus have been rendered harmless. Among these, therefore, it is probable that, even if they had not been inoculated, few would have died. Still, the results observed in the total of the 90 cases may justly be compared with those observed in large numbers of cases similar to these as regards the uncertainties of infection, but not inoculated. The estimates published as to the mortalities in such unassorted cases are, as we have said, widely various. We believe that among the 90 persons, including the 24 bitten on naked parts, not less than eight would have died if they had not been inoculated. At the time of the inquiry, in April and May, 1886, which was at least eighteen weeks since the treatment of the bites, not one had shown any signs of hydrophobia, nor has anyone of them since died of that disease. Thus, the personal investigation of M. Pasteur's cases by members of the Committee was, so far as it went, entirely satisfactory, and convinced them of the perfect accuracy of his records.

It might, therefore, be deemed unjust to estimate the total value of his treatment in the whole of his cases as being more than is represented by the difference between the rate of mortality observed in them and the lowest rate observed in any large number of cases not inoculated. The lowest rate estimated in those not inoculated may be taken at 5 per cent. Between October, 1885, and the end of December, 1886, M. Pasteur inoculated 2682 persons. Of the whole number, at the rate of 5 per cent., at least 130 should have died. At the end of 1886, the number of deaths was 31, including seven bitten by wolves, in three of whom the symptoms of hydrophobia appeared while they were under treatment, and before the series of inoculations were complete. Since 1886 two more of those inoculated in that year have died of hydrophobia. The number of deaths assigned by those who have sought to prove the inutility of M. Pasteur's treatment is, as nearly as we can ascertain, 40 out of the 2682; and in this number are included the seven deaths from bites by wolves, and probably not less than four in which it is doubtful whether the deaths were due to hydrophobia or to some other disease. Making fair allowance for uncertainties and for questions which cannot now be settled, we believe it sure that, excluding the deaths after bites by rabid wolves, the proportion of deaths in the 2634 persons bitten by other animals was between 1 and 1.2 per cent., a proportion far lower than the lowest estimated among those not submitted to M. Pasteur's treatment; and showing, even on this lowest estimate, the saving of not less than 100 lives. The evidence of the utility of M. Pasteur's method, indicated by these numbers, is confirmed by the results obtained in certain groups of his cases. Of 233 persons bitten by animals in which rabies was proved, either by inoculation from their spinal cords, or by the occurrence of rabies in other animals or in persons bitten by them, only four died. Without inoculation it would have been expected that at least 40 would have died. Among 186 bitten on the head or face by animals in which rabies was proved by experimental inoculations or was observed by veterinary surgeons, only nine died, instead of at least 40. And of 48 bitten by rabid wolves only nine died; while, without the preventive treatment, the mortality, according to the most probable estimates yet made, would have been nearly 30. Between the end of last December and the end of March, M. Pasteur inoculated 509 persons bitten by animals proved to have been rabid, either by inoculation with their spinal cords, or by the deaths of some of those bitten by them, or as certified by veterinary surgeons. Only two have died, and one of these was bitten by a wolf a month before inoculation, and died after only three days' treatment. If we omit half of the cases as being too recent, the other 250 have had a mortality of less than 1 per cent., instead of 20 or 30 per cent.

From the evidence of all these facts, we think it certain that the inoculations practised by M. Pasteur on persons bitten by rabid

animals have prevented the occurrence of hydrophobia in a large proportion of those who, if they had not been so inoculated, would have died of that disease. And we believe that the value of his discovery will be found much greater than can be estimated by its present utility, for it shows that it may become possible to avert by inoculation, even after infection, other diseases besides hydrophobia. Some have, indeed, thought it possible to avert small-pox by vaccinating those very recently exposed to its infection; but the evidence of this is, at the best, inconclusive; and M. Pasteur's may justly be deemed the first proved method of overtaking and suppressing by inoculation a process of specific infection. His researches have also added very largely to the knowledge of the pathology of hydrophobia and have supplied what is of the highest practical value, namely, a sure means of determining whether an animal, which has died under suspicion of rabies, was really affected with that disease or not.

The question has been raised whether M. Pasteur's treatment can be submitted to without danger to health or life; and in answering it, it is necessary to refer to two different methods of inoculation which he has practised. In the first, which may be called the ordinary method, and which has been employed in the very large majority of cases, the preventive material obtained from the spinal cords of rabbits that have died of rabies derived, originally, from rabid dogs is injected under the skin, once a day for ten days, in gradually increasing strengths. In the second or intensive method which M. Pasteur adopted for the treatment of cases deemed especially urgent, on account either of the number and position of the bites or of the long time since their infliction, the injections, gradually increasing in strength, were usually made three times on each of the first three days, then once daily for a week, and then in different degrees of frequency for some days more. The highest strength of the injections used in this method was greater than the highest used in the ordinary method, and was such as, if used at first and without the previous injections of less strength, would certainly produce rabies.

By the first or ordinary method, there is no evidence or probability that anyone has been in danger of dying, or has in any degree suffered in health even for any short time. But after the intensive method, deaths have occurred under conditions which have suggested that they were due to the inoculations rather than to the infection from the rabid animal. There is ample reason to believe that, in many of the most urgent cases, the intensive method was more efficacious than the ordinary method would have been. Thus, M. Pasteur mentions that, of 19 Russians bitten by rabid wolves, three treated by the ordinary method died, and the remaining 16, treated by the intensive method, survived; and he contrasts the cases of six children, severely bitten on the face, who died after the ordinary treatment, with those of 10 similarly bitten children who

were treated by the intensive method, and of whom none died; and M. Vulpian reports, that of 186 persons badly bitten by animals that were most probably rabid, 50 treated by the intensive method survived, and of the remaining 136 treated by the ordinary method, nine died. The rate of mortality after the intensive method was not greater than that after the ordinary method: for among 624 patients thus treated, only six died, or, counting one doubtful case, seven. But that which excited suspicion was the manner of death in some of them. The question is likely to remain undecided; for to avoid the possible, however improbable, risk of his intensive treatment, M. Pasteur has greatly modified it, and even in this modified form employs it in none but the most urgent cases.

BOOKS AND PAMPHLETS RECEIVED.

Announcement of the First Session of the Gross Medical College of Denver.

The term will commence in September and end in April, a continuous course of seven months. A three years' graded course is recommended for graduation, and for matriculation there must be "satisfactory evidence of a fair English education in default of a diploma from some college," etc. Amongst the motives which suggested the foundation of the Gross Medical College is that which led to the establishment of the Medical Department of the University of Southern California, namely, that students who were unable through ill health to pursue their studies in less favored climates could there complete them satisfactorily.

Annual Meteorological Review of the State of California during the year 1886 by the Meteorological Department of the State Agricultural Society. Collected and compiled by James A. Barwick, Sergeant U. S. S. C., and Meteorologist to the State Board of Agriculture. Sacramento: State Printing Office, 1887.

A brief review of this work would be impossible. It is sufficient to say that it presents in a concise tabular form the most valuable information to be obtained, regarding the meteorology of this Coast.

Register of the University of California, Session 1886-87.

Pulmonary Phthisis. By Albert Abrams, M. D., San Francisco, Cal. Being the Report of the Committee on Microscopy and Histology. [Reprinted from the Transactions of the Medical Society of the State of California for the years 1886-87.]

Licentiates of the Board of Examiners.

At the regular meeting of the Board of Examiners held July 6, 1887, the following physicians were granted certificates to practise medicine and surgery in this State:

Myron H. Alter, Los Angeles; Coll. Phys. and Surgs., Baltimore
Mar. 6, '78.

David M. Angus, Vallejo; Long Island M. Coll. Hosp., N. Y.,
June 2, '86.

William D. Babcock, Los Angeles; Medical Coll. of Evansville,
Ind., Feb. 27, '78.

Walter M. Boyd, Los Angeles; Columbus M. Coll., O., Mar. 1, '83.

Wm. Lang Chapman, San Francisco; Coll. of Phys. and Surgs.,
N. Y., May 16, '82.

G. Del. Amo, Los Angeles; Faculty of M. Univ. of Madrid,
Spain, Feb. 2, '79.

Adam Tribe Dickson, Sacramento; Royal Coll. of Phys., Edin-
burgh, May 7, '79, and Phys. and Surgs., Glasgow, Nov. 9, '70.

Herman W. Fenner, Los Angeles; M. Coll. of Ohio, Mar. 1, '81.

Hiram Paul Hugus, Los Angeles; Long Island Hosp. Coll., N. Y.,
June 29, '65.

Theodore F. Johnson, National City; Chicago M. Coll., Ill., Mar.
20, '77.

George Lewis Marion, Los Angeles; Rush M. Coll., Chicago, Ill.,
Feb. 16, '86.

Francis P. McGovern, San Francisco; State Univ. of Iowa, Mar. 2,
'87.

Thos. D. Nichols, Riverside; Univ. of Louisville, Ky., Feb. 28, '78.

J. Taylor Stewart, Monrovia; Jefferson M. Coll., Penn., Mar. 12, '73.

John J. Still, Los Angeles; Bellevue Hosp. M. Coll., N. Y., Mar.
9, '85.

Abraham A. Sulzer, Riverside; Rush M. Coll., Ill., Jan. 24, '86.

Sidney Brown Swift, San Jose; Texas M. Coll. Hosp., Mar. 3, '80.

David B. Van Slyck, Pasadena; M. Dep. Univ. of Buffalo, N. Y.,
Feb. —, '52.

Theoda Wilkins, Los Angeles; Women's M. Coll. N. Y. Infirmary,
May 27, '85.

WM. M. LAWLOR, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM JUNE 20 TO JULY 21, 1887.

Leave of absence for one month, with permission to apply for an
extension of one month, is granted Asst. Surgeon J. L. Ord.
S. O. No. 76, Dept. Arizona, July 21, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS,
U. S. NAVY (PACIFIC STATION), FROM JUNE 20 TO
JULY 20, 1887.

- P. A. Surgeon W. G. G. Wilson, reported for duty on U. S. Receiving Ship Independence. July 1st.
P. A. Surgeon C. W. Deane, detached from Naval Hospital, Mare Island, Cal., and ordered to report for duty at Marine Rendezvous, San Francisco, Cal. July 9th.
Asst. Surgeon H. N. T. Harris, reported for duty at Naval Hospital, Mare Island, Cal. July 10th.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES
OF MEDICAL OFFICERS OF THE U. S. MARINE
HOSPITAL SERVICE (DISTRICT OF THE PACIFIC)
FROM JUNE 20 TO JULY 20, 1887.

- Asst. Surgeon W. D. Bratton, relieved from temporary duty at Marine Hospital, Port Townsend, W. T., and ordered to rejoin station at San Francisco, Cal.
P. A. Surgeon Spencer E. Devan, ordered to rejoin station (Port Townsend, W. T.) upon expiration of leave of absence. May 28th, 1887.

Public Health.

*Reports from Cities on the Pacific Coast of 10,000 inhabitants
and upwards, for the Month of June, 1887.*

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	40,000	12.00	40	6	8*	9	5	2	...	10
Oakland.....	49,000	16.65	68	16	12	24	11	2	....	3
Sacramento	30,000	10 40	26	7	....	12	1	3	....	3
San Francisco.....	280,000	17.50	409	62	105	162	38	26	16	....
San Jose.....	20,000	10.50	18	4	3	7	....	1	2	1
Stockton.....	15,000	7.20	9	1	1	3	2	2	....	....

* Non-residents.

Meteorological Summary for the Month of June, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell	Total Rainfall.	No. of Days			Prevail- ing direction	
							Clear.	Fair.	Cl'dy.		
Auburn,	Cal	106	50	71.3	—	.00	—	—	—	W.	Southern Pacific Co.
Colfax,	"	104	44	69.5	0	.00	—	—	—	N.	"
Eureka,	"	63.7	39.7	52.7	3	1.92	9	14	7	N.W.	Signal Service U.S.A.
Los Angeles,	"	100.1	46.7	66.1	1	.07	17	9	4	W.	"
Monterey,	"	80	55	62.0	—	.05	—	—	—	N.W.	Southern Pacific Co.
Oakland,	"	85	48	59.6	2	.05	25	—	5	S.W.	J. B. Trembley M. D.
Paso Robles,	"	98	48	70.6	0	.00	—	—	—	S.	Southern Pacific Co.
Red Bluff,	"	105.2	47.6	77.1	4	.26	18	11	1	N.	Signal Service U.S.A.
Sacramento,	"	100.0	47.0	69.1	0	.00	24	6	0	S.W.	"
San Diego,	"	78.0	54.0	64.6	1	.04	8	17	5	N.W.	"
San Francisco,	"	90.0	48.5	58.0	1	.07	13	15	2	W.	"
Santa Barbara,	"	95†	44†	63.7	2	.03	—	—	—	—	Hugh D. Vail, Esq.
Santa Cruz,	"	83	50	63.9	0	.00	—	—	—	W.	Southern Pacific Co.

Dash (—) indicates reports missing.

Clear Day—One on which cloudiness is 3 or less on a scale of 10.

Fair Day—One on which cloudiness is from 3 to 7.

Cloudy Day—One on which cloudiness is over 7.

† Mean of that day 79°

† 59°

The Sacramento Medical Times.

Vol. I.

SEPTEMBER, 1887.

No. 7.

ORIGINAL ARTICLES.

A CASE OF LAPAROTOMY FOR INTESTINAL OBSTRUCTION*

By THOS. W. HUNTINGTON, M. A., M. D., Sacramento, Cal.

On Monday, June 27, 1887, I saw Mrs. D.—— in consultation with Dr. H. N. Miner, at Colfax, Cal. She was a married woman, aged 49 years.

Fifteen days before she had suffered from a fall, but no serious symptoms were developed until June 23d, when at night she had a sudden attack of violent pain, located in the epigastrium, attended by persistent vomiting. The pain was only partially controlled by morphia administered hypodermatically, and the vomiting continued up to the morning of the 27th, when it ceased. Vomitiæ at times marked by strong faecal odor. Temperature at no time extremely high. Pulse variable. On the evening of the 26th she was seen by Dr. M. Gardner, of this city, who concurred with Dr. Miner in his diagnosis of intestinal obstruction. Dr. Gardner strongly advised an operation as a possible means of relief, but the patient refused to submit.

I found the patient in a fairly comfortable condition, though this was doubtless due to the persistent use of morphia. Abdomen distended. Slight pressure or palpation caused great pain at the original seat of trouble. Elsewhere the tenderness was not marked. Temperature slightly elevated. Pulse 100, feeble and dicrotic. Numerous large enemata had been administered without relief, but nutrient enemata were usually retained. Had taken no nourishment by the mouth since the first day of illness. Careful palpation of the abdomen revealed an area, the size of the hand, in the epigastrium, which was tumified, and resistant to the touch. To this spot the main symptoms of pain, etc., were referred.

* Read before the Sacramento Society for Medical Improvement.

On the following morning, at the request of the patient and her friends, I performed a laparotomy in the hope of relieving the obstruction and prolonging the patient's life. The entire trunk was subjected to an antiseptic sponge bath. The incision was made in the median line over the area of induration, its length being four inches. The omentum was found firmly adherent to the transverse colon over a space about three inches in diameter in the median line. Elsewhere there were no omental adhesions. The membrane was then divided carefully and search was made for an obstruction in the underlying coils of small intestine. After no little difficulty this was found involving a triple loop of the gut, in all about seven inches, directly beneath the area of omental adhesion to the transverse colon. The coils were not very firmly adherent, and they were liberated by slight traction. The portion of the gut involved was of a deep red color; the intestinal layer of peritoneum being injected and thickened. Its lumen was closed, and considerable manipulation was required to assure its patency. Before discovering the lesion, it was necessary to search nearly the entire length of the small intestine, and in doing so, much of it was lifted from the abdominal cavity. This was at once enveloped in towels wrung from a hot antiseptic bath provided for the purpose. No difficulty was experienced in returning the contents of the abdominal cavity.

There had been no hæmorrhage during the operation and the wound was closed with silver sutures. A careful antiseptic dressing was applied. The patient at once recovered from the effects of the anæsthetic (ether), having apparently suffered but little from shock. I left her an hour after in a very favorable condition, but late in the day symptoms of acute general peritonitis appeared, to which she succumbed twenty-four hours after the operation. Unfortunately no post-mortem examination was made.

The difficulty experienced in locating the seat of obstruction after the abdominal cavity has been opened is not peculiar to this case. Without systematic method in prosecuting such a search, a mass of agglutinated intestinal coils may for a considerable time escape the hand of the operator. Hence, while such a procedure is to be avoided, if possible, it will occasionally be necessary to begin at one extremity of the gut and pass its coils through the fingers rapidly until the

engaged portion is brought to light. In doing this, a portion of the intestine will almost of necessity escape from the abdominal cavity. Anticipating such an emergency in the foregoing case, I was provided with the hot towels before alluded to, which were found to serve an admirable purpose in maintaining the temperature of the abdominal contents while thus exposed.

ALBUMINURIA AND ITS BEARING ON LIFE INSURANCE.

By W. R. CLUNESS, M. A., M. D., Sacramento, Cal.,
Medical Director Pacific Mutual Life Insurance Company.

[Concluded from page 210.]

From what has been said, it must be apparent that the mere presence of albumin in the urine is not at all times of such grave significance as is usually attributed to it, and that it frequently occurs in persons who do not present any other evidences of disease of the kidneys. Nor is it probable that all such cases even indicate a tendency to what is termed Bright's Disease, as has been suggested by Bull, for it would appear that a period of over twenty years should suffice for the development of that form of disease, were it likely to occur—and that number of years has elapsed in more than one case which has been kept under my constant or occasional observation. Nevertheless, there can be but little doubt that many of the cases which have been detected early and subjected to appropriate treatment, would have otherwise terminated in organic changes, which must sooner or later have resulted in premature death. Indeed, cases of this character are of frequent occurrence in my own experience, and must, doubtless, become equally common in that of other practitioners who will take the trouble to inquire diligently.

The correct solution of the albuminous transudation in such cases as we have been considering, is probably that which has been advanced by Runeberg, and depends upon an abnormal permeability of the walls of the glomeruli, and which, in turn, depends upon the blood pressure. The old dogma, however, that the amount of albumin transuded is proportionate to the amount of abnormal pressure upon the glomeruli, must be erroneous, for it has been proved that the amount of filtration through animal membrane is greater

during low pressure than during high pressure; and, as has been shown in the case of our illustrations, unusual intellectual effort, as well as increased muscular exertion, even when not excessive, are sufficient to cause the transudation. It has also been observed that the intellectual effort necessary to produce albuminuria has usually been of a certain character, and has been accompanied by annoyance and worry. In nearly all of the cases which have come under my observation, the most careful analysis of the urine failed to show the presence of albumin under ordinary circumstances, yet it has always been present when extraordinary efforts have been made. The explanation probably lies in the fact that during the extra effort made the blood pressure upon the walls of the glomeruli is decreased in proportion as it is increased in those parts of the body which are subjected to unusual effort.

Cases of temporary albuminuria are also occasionally met with in persons whose only ailment is referable to derangement of the digestive apparatus; or it may be that there is no defect in digestion, the trouble being wholly consequent upon the use of some special article of albuminous food, against which the individual possesses an idiosyncrasy. In such cases there is doubtless nothing wrong with the kidneys, but the albumen of the food not having undergone the proper modification by digestion, finds its way by endosmosis into the blood, to be in turn eliminated by the kidneys. Egg albumen, as has been already stated, has been known to thus pass through the vessels of the kidneys, and been found in the urine, without any alteration whatever in the structure of the organs themselves. The albumen of cheese has also been found in the urine under similar circumstances.

A few years ago I experimented upon myself and a few friends with these albuminous articles of diet with negative results, owing, doubtless, to the healthful condition of our digestive organs and their ability to assimilate the albumen.

There is still another form of albuminuria, to which brief reference will be made, inasmuch as many of the oldest and best of our life insurance companies now include women amongst their policy-holders. I refer to the albuminuria of pregnancy. For, although women are not insurable during pregnancy, yet there can be no doubt but that condition is frequently the exciting cause for the development of renal disease, in the same manner as are cardiac and hepatic affec-

tions, by keeping up congestion of the kidneys. Medical examiners for life insurance should, therefore, examine all applicants for insurance who have borne children, with special reference to the condition of the kidneys, for, although the albuminuria of pregnancy generally disappears soon after delivery, even without special treatment, yet it not infrequently happens that permanent impairment ensues, especially when the albuminuria is persistent throughout the greater part of the period of gestation. In such cases the waxy appearance of the face, indicating the impoverishing influence exercised upon the blood by the albuminous waste, should always put the examiner upon his guard, as indeed it should under all circumstances. But although the excretion of albuminous urine is not to be accepted as the infallible indicant of renal disease, it is nevertheless of such vital importance as to demand of the examiner, and, indeed, of every practitioner of medicine, the most searching inquiry with a view to the determination of its real cause, without which an intelligent and just estimate of the applicant's probabilities of reaching his or her life expectancy cannot be formed.

Many other sources of albuminuria might be added, yet I believe that the more prominent have been alluded to, and it is the principal purpose of these brief papers to invite the attention of the readers of *THE TIMES* to a consideration of what is believed to be a much neglected means of diagnosing certain obscure ailments which frequently baffle the skill of many acute observers.

But while these forms of albuminuria which we have thus far been considering are usually either amenable to appropriate treatment or do not tend to materially shorten life, they should not be confounded with albuminuria consequent upon structural changes in the kidneys.

The question naturally arises, How are we to determine whether we are dealing with physiological or pathological albuminuria? If it be recollected that nothing has been said regarding the presence of any objective evidences in cases of physiological albuminuria, excepting brief allusion to the waxy appearance of women thus afflicted during pregnancy, and if it be borne in mind that many such evidences are always present when pathological changes are taking place in the kidneys, and which are wholly inexplicable until examination reveals the presence of albumin in the urine, a

differential diagnosis can readily be made. When, therefore, an individual presents himself for examination, whose urine is albuminous, and who has a pallid, pasty complexion, or in whom the skin is persistently dry, whose eyelids or other portions of his body are œdematous, who suffers from vague and prolonged headache, dyspepsia, vertigo, drowsiness, slight dimness of vision, general malaise, disinclination to exertion, either mental or physical, occasional nausea, palpitation, accentuation of the second sound of the heart over the aortic cartilage, or disturbance of the nervous system, there can be no doubt that the morbid product is dependent upon organic renal disease. Indeed, when anyone of the evidences enumerated is present, no examination is complete, nor can any physician prescribe intelligently, without making an examination of his patient's urine for both albumin and sugar.

It is, therefore, of the utmost importance that the source of the albumin in all cases should be accurately determined, for although its presence in any quantity, however small, will certainly postpone, and probably reject, an applicant for insurance, at least upon the ordinary life plan, it is of far less significance as regards the prognosis. A very thorough analysis of the urine in all cases should therefore be made, and when deemed necessary a microscopical examination also. The complete history of the case, including the habits, occupation, residence, family history and diathesis of the individual should be taken into calculation, without which a correct diagnosis cannot be made. When, however, the albuminuria results from pathological changes in the kidneys, such persons are clearly uninsurable upon any plan whatever, for although individuals thus afflicted have been known to live for many years, yet all of them may be said to die prematurely, either from the slow but progressive deterioration incident to the impoverishment of the blood, or to intercurrent disease to which they are thereby rendered so liable.

As a test for albumin, the employment of nitric acid with heat is deemed sufficiently accurate for all practical purposes, due allowance being made for the action of the acid upon certain occasional constituents and conditions of the urine. It should not, however, be deemed sufficient to boil the urine and then, as I have frequently seen done, add a few drops of nitric acid, and conclude, when no coagulation follows, or even

when any cloudiness which may have been present disappears, that there is no albumin. Such an examination may be, and frequently is, fallacious. The reaction of the urine upon litmus paper should first be determined to be *slightly* acid, and then when both heat and nitric acid produce a permanent cloudiness, or perceptible coagulation in accordance with the amount of albumin present, we may safely conclude that there is no error.

It occasionally happens that the urine is either highly acid or highly alkaline, and, as will be shown, fallacies are likely to enter into the calculation when either condition prevails, provided the examiner does not proceed cautiously. It should be recollected that the albumin under such circumstances forms compounds with both acids and alkalies which are not coagulable by heat, and although free albumin may be thus coagulated, it will be found that in such cases as are here contemplated it will not do so, the albumin having already formed a combination with the acid or alkali, and remaining in solution. But as the normal reaction of the blood and tissues is alkaline, the urine rarely contains a sufficient amount of free acid to form acid-albumin; indeed, it is said never to exist excepting when the mineral acids have been taken freely for a considerable length of time. When it does occur, we have only to add a sufficient quantity of an alkali to render it almost neutral, and then proceed with the examination. Slightly alkaline urine, however, is more commonly met with, and we should then reverse the treatment and add a sufficient quantity of acetic acid to restore it to its normal condition.

Neither nitric acid nor heat is therefore sufficient in certain cases to determine the presence of albumin in the urine, but when the precaution is taken of determining by means of litmus paper that the urine is rendered slightly acid, before boiling, both together form one of the most easily applied and reliable tests at our command.

OBSTETRIC MEMORANDA.

COCAINE IN THE FIRST STAGE OF LABOR.

The "nagging" pains of cervical dilatation, especially in primiparæ, are extremely trying, not only to the patient her-

self, but indirectly, by unnecessary demands on his time and patience, to the physician also. At this time the local use of cocaine, in combination with morphine, renders admirable service. I prefer the following formula:

R. Cocainæ mur. gm. | 15
 Morphinae sulph. gm. | 1
 M. Et in suppos. (gel.) No. iii d.

Sig.: Slightly soften in warm water and introduce within the cervix uteri; repeat in three hours if necessary.

The dry powder in gelatine capsule is more easily and rapidly dissolved and absorbed, and hence is preferable to combination with cacao butter, either in mass or in shell. Relief is felt within fifteen minutes, and continues for several hours.

W. A. BRIGGS, M. D.

Sacramento, Cal.

REPORTS FROM THE HOSPITALS AND ASYLUMS OF THE PACIFIC COAST

SOUTHERN PACIFIC COMPANY'S HOSPITAL,

Sacramento, Cal.

UNDER THE CARE OF T. W. HUNTINGTON, M. D.

[Reported by A. B. McKEE, M. D.]

Restoration of a Severed Tendon.

T. C —, a carpenter, æt. 31, whilst using a hand-axe on the 16th of June, sustained a wound about one inch long diagonally across the metacarpo-phalangeal articulation of the right index finger, severing the extensor tendon and opening the capsule of the joint. Patient did not reach the hospital until the 19th; and, in the meantime, the wound had become more or less infected. It was found that the tendon was completely divided; and, in consequence, that all power of extending the finger was lost.

Upon the following day, the patient was anæsthetized and the following operation performed by Dr. Huntington: An incision about three quarters of an inch in length was made in the axis of the tendon, and the ends, which had retracted but little, were united by three catgut sutures. The margins of the original wound, as well as those of the operative incision, having been approximated by silver wire, the hand was dressed antiseptically and placed upon a palmar splint.

On the 27th, a few drops of pus escaped from the old incision; and, upon examination, suppuration within the joint was found to have occurred. On account of the complication, the wound did not

become thoroughly united until the 20th of the next month. The patient was discharged three days later with complete restoration of the power of extension, and no greater loss of motion than would result from the immobilization of a part for so long a period.

A Case of Gunshot Wound of the Spine.

J. G——, æt. 35, was struck on the evening of July 9th by a ball from a rifle in the hands of a man about five yards distant. At the time of the accident, patient was reclining upon his elbow, with his back against a tree, and with the left side partially turned in the direction whence the bullet came. The point of entrance was near the left anterior scapular border, slightly below the glenoid fossa.

Upon his admission to the hospital, it was found that a probe could be introduced for a distance of not more than two inches. The course of the ball, downward and toward the median line, could be traced for a short distance by the surface markings. Patient complained of considerable pain in the axillary region and across the anterior surface of the chest. At various times, within a short period following the injury, he expectorated small quantities of blood. There was complete motor paralysis and almost total anæsthesia at all points below the middle dorsal region. Retention of urine rendered systematic catheterization necessary. Obstinate constipation gave place to incontinence of fæces, following the use of active cathartics. Notwithstanding careful prophylactic measures, bed-sores soon appeared upon the right buttock and became a troublesome feature of the case. The temperature remained below 103°, except upon one occasion, when it reached 104.4. Upon the 14th, patient was seized with a severe chill; and upon the 24th, suffered from an hæmoptysis of considerable degree. Irrigation of the bladder was practised for several days before the termination of the case, on account of the development of cystitis. Death resulting shortly after the hæmorrhage had taken place, an autopsy was made, and revealed the following facts:

The ball was found to have fractured the fourth rib, and thence to have ranged downward and toward the median line, perforating the adjacent portions of both lobes of the left lung and the body of the seventh dorsal vertebra. The eighth vertebra was also penetrated by the projectile, but thence its course could not be traced, and it was presumed to have entered the spinal canal. Spiculæ of bone were found encroaching upon the spinal canal and pressing upon the cord.

Unusual Sequel of Chronic Otitis Media.

S. H——, æt. 23, was troubled for seven or eight years by a discharge of pus from the ear, which he had ascribed to an attack of scarlatina. At the time of his admission to the hospital, on the 26th of June, he was suffering from severe pain in the mastoid region, and the surrounding tissues were greatly swollen and very sensitive to pressure. Examination of the inflamed area revealed

the presence of pus. Patient stated that, during the past three weeks, he had suffered from occasional attacks of vertigo. A large amount of discharge was escaping from the ear, and an incision in the post-auricular region evacuated about a half ounce of fœtid pus. A probe could be passed in for some distance and seemed to impinge upon the external auditory meatus, whence the pus undoubtedly came. The cavity was irrigated thoroughly with a bichloride solution and packed with iodoform gauze. Patient's temperature remained high from the beginning, varying from 102° to 104°.8. On the morning of the 28th, he had a slight chill, and it was deemed advisable to make an opening into the mastoid cells. Two days later, a portion of the outer wall of the mastoid process was chiseled away, but no pus was found. For the remaining period, the history was that of daily chills, sweats and irregular temperature, at times rising to 105°, and once reaching 106°. Patient lingered in this condition with slight variation until the 23d of July, when severe dyspnoea and cardiac palpitation lead to the discovery of a pericardial friction murmur. Notwithstanding the severity of some of his symptoms, the mind remained singularly clear. Nocturnal delirium and certain slowness of comprehension were the only noticeable brain symptoms. After the first operation, there was no sensitiveness in or about the mastoid process, and but little pain.

Death took place upon the 26th, and the post-mortem examination revealed a collection of inspissated pus within the cochlea. No lesion of the brain or meninges was discovered.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.,

PATHOLOGY OF UTERINE VOMITING AND OF HYSTERICAL ATTACKS.
—DR. GRAILY HEWITT says that the condition of the nerve centres as well as of that of the uterus must be considered in this connection. Assuming that the vomiting and the hysterical attacks are reflex acts starting in an "irritation" of the uterus, it seems proper to suppose that, in a given case, there is (*a*) abnormal excitability of the nervous centre as well as (*b*) abnormal irritation of the sensory nerves of the uterus. The preponderance of either factor is compatible with the occurrence of reflex phenomena.

Factor (a)—For a long time I have been of the opinion that hysteria occurs particularly in conditions of malnutrition and have even concluded that the undue excitability of this disease is dependent on malnutrition of the nerve centres. The success of the Weir-Mitchell treatment of hysteria lends great support to this view. Dr. Gowers also deprecates the wide use of the term "functional dis-

ease," and says that, in a very large number of these cases, there must be more than mere derangement of function; there must be a change, and a considerable change, in the nutrition of the nerve elements. The subjects of these so-called "functional nervous diseases" are emphatically starved individuals. There is usually a history of inappetency, insufficient feeding and gradual weakening of all the vital forces as a result.

Factor (b)—The uterine irritation that gives rise to reflex phenomena must operate through the sensory (afferent) nerves. This may or may not be accompanied by painful sensations referred by the patient to the uterus. There is strong reason for believing that compression of the nerves of the uterus is the starting point of the reflex act. This compression may be brought about by sudden flexion of the uterus or by sudden increase of flexion of an already flexed uterus, by congestion, by small fibroids imbedded in the uterine walls, and by induration of the uterine tissues.

As to the ovaries, I have not found them notably sensitive or unusually swollen in these cases—even when prolapsed and tender they did not seem to be necessarily associated with either nausea or hysteria. Cases hitherto reported by me afford conclusive proof of the pathological views above expressed. They were treated, as a rule, with the most marked benefit on the supposition that the altered shape and position of the uterus were the cause of the uterine irritation. Those cases that most resisted the attempted improvement in the shape and position of the uterus were the slowest to respond to treatment. Complete restoration of the uterus to its normal shape and position is not absolutely essential—even partial restoration is often sufficient to benefit the patient materially.—*British Medical Journal*, July 9, 1887.

ENGAGEMENT OF THE GRAVID UTERUS DURING THE LAST MONTHS OF PREGNANCY.—From a careful study DR. STAPFER concludes that engagement is the result of a movement of translation of the entire uterine globe and of an elongation of its inferior segment. It may be slow or rapid, definitive or temporary, and in degree may vary from day to day even during the last days of pregnancy. These variations are sometimes considerable, the foetal region ascending from the perinaeum to the superior strait. They are explained by a study of the forces that determine and maintain engagement, and of the conditions that either favor or hinder it. Engagement is determined by contraction of the ligaments and by pressure. It is maintained by tenacity of the abdominal walls and of the ligaments. It is favored by vacuity of the neighboring reservoirs, by small, absolute, as well as relative, size of the foetus, by normal presentation and by distensibility of the inferior uterine segment and of the membranes. Ascent of the foetal region to the superior strait renders change of presentation possible. However profound it might be, therefore, it would be imprudent to pronounce the engagement de-

finitive when the forces that maintain it are feeble.—*L'Union Medicale*, July 12, 1887.

ELECTROLYSIS IN UTERINE FIBROIDS.—The method of Apostoli is rapidly gaining ground, and seems not unlikely to supplant the knife in dealing with these opprobria of the gynæcologist. DR. WEBB reports the most gratifying results from this treatment. He regards the positive electrical pole as antihæmorrhagic, and the negative as hæmorrhagic and *denutritif*. Symptomatically, uterine fibroids may be divided into two groups, as determined by the predominance (*a*) of hæmorrhage and leucorrhœa, and (*b*) of mechanical disturbance of the functions of the uterus and of the neighboring organs.

In group *a*, suppression of hæmorrhage and leucorrhœa is the first indication, and is to be accomplished by the thorough application of the positive galvano-caustic to the entire endometrium. Severe pain should always be avoided, especially at the first sitting, which is merely tentative. The first application may not exceed 50 or 100 milliampères in intensity. It sometimes arrests the bleeding, but may aggravate all the symptoms. In the latter case, however, it is rarely necessary to do more than enforce perfect rest in bed when improvement soon sets in. The gauze in the vagina is to be changed and the injections are to be used regularly. Repeated on every second, third or fourth day, the dose is gradually augmented; an eschar is formed; the surface becomes contractile and resistant: exudation cannot easily take place; the hæmorrhage ceases. The patient soon shows the effect of such relief. Sleep, appetite, strength return; digestion and circulation improve; the countenance brightens. The uterine cavity contracts, the tumor shrinks, the abdominal and pelvic troubles diminish, the periods become natural, health is restored. Absorption of the tumor goes on after discontinuance of the treatment, but seldom advances so far as to leave no palpable trace. Five years' experience proves relapses to be exceptional: arrest of growth is definitive, the residuum is inert.

In group *b*, Faradization of the uterus may be used palliatively, but, generally, we proceed at once to negative galvano-cauterization—with the same precautions as in group *a*. The periods soon become more regular, the interval is less disturbed, the local distress is less urgent, the general health improves.

In both groups, as soon as sufficient amelioration of urgent symptoms is obtained, the intrauterine cauterizations should be superseded by the negative galvano-punctures. "No animal tissue whatever," says Althaus, "can resist the disintegrating effect of the negative pole." This action is a double one—mechanical by the liberation of hydrogen, and chemical by the alkalies soda, potash and lime, which are liberated by electrolytic action and pass to the negative pole where they form an eschar terminating in suppuration.—*British Medical Journal*, July 9–16, 1887.

MORPHINE AMENORRHŒA.—During the last three years DR. LUTAUD has observed six cases of persistent suppression of the menses in women addicted to the morphine habit. He reports a seventh case from the practice of Dr. Pichou. In three of these cases the morphine habit was cured, and menstruation was resumed. Of these three cases one returned to the morphine habit, with consequent cessation of menstruation. From these observations the author concluded that the systematic employment of morphine is advisable in such incurable diseases of the uterus as are seriously aggravated by menstruation. Of this class are cancer and grave fibroids that are not amenable to surgical intervention. This treatment he has pursued in twenty-four cases—one of enormous fibroid, one of large fibro-cyst and twenty-two of cancer—with the most gratifying results.—*L'Union Médicale*, June 30, 1887.

CATTLE-HORN LACERATIONS OF THE ABDOMEN AND UTERUS IN PREGNANT WOMEN.—DR. HARRIS has collected nine cases of this fearful injury. Notwithstanding the extreme shock in consequence of fright, extensive laceration and other injuries; notwithstanding the exposure of the intestines to the air and to nondescript foreign substances; notwithstanding excessive hæmorrhage; notwithstanding the ignorance and neglect of antiseptic precautions, five of the nine mothers recovered and five of their children were saved. Of ten hospital cases of Cæsarian section in our own country, that of Prof. Lusk is the first to recover—it is the first in all the history of New York in which both mother and child were saved. Eleven Cæsarian operations in New York City have saved but two women and three children. Laparo-elytrotomy has in a measure compensated for these unfortunate results; but still the fact stands that the cow and her congeners have produced better proportionate results, saving five women and five children out of nine laparo-hysterotic rips. To equal the cattle-horn operation in saving five women, we must go back over the records of the United States for the last seven years. During this period only five women of twenty-seven have been saved with ten of their children. What do these facts indicate? That Cæsarian section is made discredibly fatal by the neglect of pelvimetry and early operation, and by futile attempts at delivery by the forceps, by version, and even by craniotomy—in short by “meddlesome midwifery.”—*American Journal of Obstetrics*, July, 1887.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

THE VALUE OF THE REFLEXES IN DIABETICS FROM A SURGICAL STANDPOINT.—M. BERGER criticises (“*L'Union Médicale*”) a work of Paul Reynier's “On the Prognostic Value of the Preservation, Diminution and Disappearance of Tendinous Reflexes, particularly

Patellar Reflex in Diabetics, from a Surgical Point of View." According to M. Reynier it should be of great interest to the surgeon to assure himself of the condition of the tendinous reflexes, particularly of the patellar reflex in diabetic subjects, on whom he finds it necessary to operate. Observation seems to show, as M. Bouchard says, that the disappearance of the reflex carries with it a grave prognosis as regards operative results. Simple diminution in the reflex implies less gravity; finally, the preservation of the normal reflex gives the surgeon the feeling that the operation will result well. M. Reynier's work is based on eight observations, both relative to surgical affections treated without operation, and to operations of trivial or medium importance. In four of these observations three patients had perfect patellar reflex; in one there was slight diminution; all four have recovered either from the operation or from the disease. In the other four observations, where the patellar reflex was completely abolished, all have succumbed. M. Berger's personal observation exactly coincided with this. Diminution and disappearance of patellar reflex has been observed in many other diseases besides diabetes, particularly in ataxia, alcoholism, diphtheria, uræmia, cirrhosis, albuminuria, etc. M. Berger has observed in a "*terassier*" the subject of angioleucitis of the lower extremity, complicated with albuminuria, that the patellar reflex disappeared when the urine contained albumin and reappeared when the albumin was absent. As the practical conclusion of his report, M. Berger believes it necessary to inquire in diabetics the condition of the tendinous reflexes, particularly the patellar reflex, and to regard the absence or diminution of the reflex as the indication of a grave condition, warning the surgeon that he ought to be most guarded, and even abstain from operative interference. On the other hand, the persistence of the reflex ought to embolden him and give him the hope of a successful issue.

CHYLE-CYSTS OF THE MESENTERY.—A patient of 63 years, who had typhus twenty years ago, and has had hæmorrhoids for the last ten or twelve years, has suffered for five years with constipation, which, especially during the last eighteen months, has been very obstinate. In November, 1885, he accidentally discovered in the umbilical region a tumor, about as large as an orange, movable and absolutely painless, that, in the ensuing months, increased in size. On his appearance at VON BERGMAN'S Klinik, in April, 1886, he was comparatively strong, but very nervous. His abdomen, in the region of the umbilicus, was somewhat protuberant. Beneath the flaccid, but thick abdominal walls, was to be felt a smooth globular tumor, nearly as large as a child's head, very tense and distinctly fluctuating. Percussion over protuberance of the tumor was nearly flat and shaded off into tympanitic in the neighborhood. The growth seemed to be attached to the posterior wall of the pelvis, in the neighborhood of the lumbar vertebræ. and yet so loosely as to be easily and widely

movable; otherwise the abdominal organs were normal—they were not adherent to the tumor. Provisional diagnosis was made of echinnococcus or dermoid of the mesentery.

Laparotomy was performed April 17th, 1886. On opening the abdomen a round, tense tumor, with a smooth, glistening, peritoneal surface engaged in the wound. Numerous coils of small intestine were so intimately connected with the growth that the serous surface of the former seemed immediately continuous with that of the latter. The mesentery was absent, its place having been usurped by the tumor. On puncture of the tumor, 700 to 800 gms. of a milky, nearly snow-white, creamy, odorless fluid escaped. There were no coagula. The cyst-walls were sutured to the skin. The inner surface of the cyst was perfectly smooth and glistening. The base of the cyst seemed to reach the vertebræ. The patient was discharged cured at the end of the fifth week.

Microscopic examination of a portion of the cyst-wall revealed nothing especial. On its internal surface neither epithelium nor endothelium were demonstrable. The cyst contents were neutral or slightly alkaline in reaction—consisted of fat in a state of extremely minute division, lymph corpuscles. Occasional crystals of cholesterine and a few blood corpuscles. Chemically the liquid possessed all the properties of chyle. Although extremely rare, Lenzmann, Kilian, Boegeheld and Kuester have recorded similar cases. The cisterna chyli, which lies wholly within the mesentery of the small intestine, is regarded by the author as the most probable origin of this cyst.

As to treatment, that adopted in this case seems the best. Extirpation of the cyst, with complete closure, is not advisable, for, independently of the great difficulty of separating the coils of intestine from the tumor, gangrene of the small intestine, either in whole or part, would be the inevitable result. Simple puncture is not advisable, for the reason that a single puncture would be insufficient, and its frequent repetition would seriously impair the nutrition of the patient.—*Arch. f. klin. Chir., Schmidt's Jahrbuecher*, Bd. 214, No. 6.

VOLKMAN'S KLINIK.—In a recent letter to the "Journal of the American Medical Association," from Vienna, DR. N. SENN pays the following tribute to Volkman of Halle.

"Volkman's Surgical Klinik is one of the best in the world. It is built on the pavilion plan, composed of four sections, each section furnishing accommodations for thirty patients. The operating amphitheatre is a model of its kind, and in its construction every care has been taken to make it perfect in its adaptation to antiseptic surgery. The crucial test for the value of antiseptic surgery in preventing usual infection has been furnished here, if anywhere. Volkman has now treated three hundred consecutive cases of compound fractures, without losing a single case from septic infection. This unparalleled success can only be attributed to antiseptic precautions in the hands of a master. Corrosive sublimate and iodoform are

the favorite antiseptic agents at present, and, as a dressing for wounds, a small compress of antiseptic gauze is used, over which a large cushion of moss is applied. Volkman places the greatest importance in the use of dry dressings, and prefers moss to wood-wool or any other substance."

LIGATURE OF THE INNOMINATE.—The patient, a man of about forty-five years, was suffering intense pain from an aneurism of the second part of the right subclavian. Other means having failed of relief, PROFESSOR DURANTE, of Rome, ligated the innominate March 25th. The operation was done under strict antiseptic precautions, the vessel being tied in two places, viz: immediately below the junction of the subclavian and common carotid, and again a trifle lower down. The vertebral artery was also tied. No. 3 carbolized catgut was used. Circulation in the right upper limb and right side of head was soon restored. The external wound healed by first intention except at points of exit of drainage tubes, and on April 5th, eleven days after the operation, the case was progressing favorably. —*Lancet*, June, 1887.

[The innominate has been ligated prior to this, sixteen or seventeen times with but a single recovery.—H.]

THE ANTISEPTIC PROPERTIES OF IODOFORM—At a recent meeting of the Sixteenth Congress of German Surgeons, in Berlin, DR. DE REUYTER read an interesting paper upon "The Action of Iodoform." The author says, that while it has been claimed that iodoform has no antiseptic power, he could have shown at the last meeting of the Congress that it has strong antiseptic action in solution. Outside of the body, however, it acts but slightly upon bacteria. His experience has shown that if we make open wounds in an animal by cutting out a piece of skin, inoculate the place with pathogenic organisms, and then strew the wound with iodoform powder, some bacilli, *e. g.*, those of anthrax and the desquamative matter, will not be infected thereby. All such animals die in a few days, no secretion having taken place and the iodoform having lain a long time undecomposed on the wound. In pocket-shaped wounds he finds that the inoculated animals live longer when treated with iodoform than without it. The author's conclusions, which he fortifies by most elaborate experimentation, are, that the activity of iodoform does not begin until its decomposition has been effected and iodine liberated. He regards iodoform as an excellent antiseptic, and believes that the more its chemical peculiarities are studied the greater number of advantages it will be found to possess.—*Boston Medical and Surgical Journal*, July 14, 1887.

HORNY GROWTH OF PENIS.—DR. JOHN H. BRINTON, of Philadelphia, recently reported a case of the above rare growth in a man sixty-two years of age. The report is accompanied by the following comments: The rarity of this condition is instanced by the fact

that only fourteen cases are accurately recorded in English, French and German reports. A singular uniformity in their description is noted. Horns upon the penis occur in two forms; in the first, as well marked projecting horns; in the second, as rough, flattened horny plates of greater or less thickness, covering the surface of the glans. In several cases both of these forms are present. The bases of attachment are usually the corona, the sulcus coronalis or the mucous surface of the prepuce. The growths, apparently single, are often multiple—one horn predominating in height and size, while a range of smaller growths extend along the corona. The inguinal glands are often affected. They are most frequent in advanced life, from fifty to seventy or later—though the largest on record, where the horn was three and a half inches in length, the patient was twenty-two years of age. Projecting horns are usually curved, truncated toward the extremities, and are striated or corrugated longitudinally, with a tendency of the fibrillæ to separate longitudinally. The etiology is obscure. They seem to be frequently associated with phimosis, and occasionally, after removal, they have been superseded by epitheliomatous growths. Treatment consists simply in thorough removal.—*Medical News*, Aug. 6, 1887.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

SYMPATHETIC OPTHALMITIS AFTER EVISCERATION.—At a meeting of the Ophthalmological Society of the United Kingdom, of July 8th ("British Medical Journal"), MR. CROSS related two cases of sympathetic ophthalmia occurring after evisceration. The advocates of this substitute for enucleation have, therefore, to contend against these unpleasant facts. These two cases may not have been caused by leaving the part of the eye *in situ*, which is done in the operation, or to the artificial vitreous; in fact they might have occurred had the eye been enucleated, but until more extended experience shows it to be free from danger in the hands of its advocates, it is not likely to be generally adopted, as its advantages are not sufficient to warrant much risk to the only eye the patient possesses.

The first patient was a man, aged 40, who, ten days previously, had been injured in the ciliary region, with escape of vitreous and lens and protrusion of choroid—no injury to cornea. Iritis and pupillary adhesions had supervened. Seventeen days after injury evisceration was performed antiseptically, under the spray, and a glass vitreous introduced; operation was followed by considerable swelling of lids and discharge. Nothing was complained of in the right eye until seventeen days after operation, when he had dull vision and discomfort in it; two days later there was distinct sympathetic ophthalmitis. The artificial vitreous was removed two days after discovery of sympathetic trouble, and in five weeks the eye had almost entirely

recovered, and a few weeks later there were no traces of the inflammation left.

The second case, a man of 50, was seen three months after receiving a wound of right cornea. The iris was prolapsed, and the eye and cornea were chronically inflamed; the other eye was quite healthy. Evisceration was performed and a metal vitreous introduced. Twelve days later the ball was exposed through a fistula, and it was at once removed. In ten days the patient left, but returned in a few days, complaining of impaired sight—vision $\frac{20}{40}$. There was circumcorneal injection, sluggish pupil, which yielded to energetic atropisation, leaving slight uvea; vitreous hazy; distinct neuroretinitis; fundus very red, without exudation or hæmorrhage. The symptoms subsided after ten weeks' treatment. These cases were considered to be similar to those of sympathetic ophthalmitis after enucleation, and not caused directly by the operation. The doctor considered enucleation very superior to evisceration when sympathetic ophthalmitis threatened; it more thoroughly removed the exciting disease, gave earlier and more complete physiological rest, and thus tended, without delay, to resolution of the morbid process, where this might have advanced beyond the part removed. There was special danger from incomplete inclusion of the artificial vitreous. A septic fistula might result from imperfect healing; or, later on, from wearing out of the conjunctiva between the false eye and artificial vitreous.

DR. MULES, who introduced this method of treatment, said nothing was claimed for evisceration over enucleation, in regard to sympathetic ophthalmitis. He believed that these two cases were the only recorded instances of this sequence. He incidentally mentioned that the horsehair drain and ice bag did away with the pain. Mr. Brailey agreed with Mr. Cross, that these were cases of sympathetic ophthalmitis, and said that in many cases the inflammation was of a mild form and disappeared quickly. He had performed evisceration in several cases with good results, and had not put in a glass ball. He did not perform the operation when choroidal inflammation existed.

TUMORS OF CORNEA AND CONJUNCTIVA.—1. *Fibroma of Cornea*.—On November 5th, 1886, I exhibited to the Pathological Section of the Academy of Medicine in Ireland, sections of a corneal fibroma, and read the notes of the case in full. I am now able to supplement my previous remarks and to show sections of the tumor which recurred in the same position. For about two months there was no appreciable recurrence; a slight nebula was, however, always present, though it was by no means obviously visible. On January 24th, 1887—that is, about three months after its first removal, patient returned to St. Mark's Hospital. The tumor had again formed in the old position, but was much smaller and less elevated than the previous one, and it had square edges instead of circular. With

Dr. Story's advice and assistance, I again removed it, dissecting it off with the help of Bowman's trephine as before. I then applied some solid nitrate of silver to the exposed corneal surface. There has since then been no recurrence of the tumor; but, unfortunately, the girl did not remain after the operation to have the eye dressed, and at the end of a week, when she returned, there was a perforating ulcer and synechia anterior, for which she is still under treatment. Histologically, the new tumor seems very similar to the former, both being like ordinary corneal tissue, only opaque. The interest of the case lies in its rarity, most histologists denying that such growths ever occur.

2. *Melanotic Tumor of Conjunctiva*.—J. B——, aged 11, first came to see me at St. Mark's Hospital in 1883. He then had a small, sharply defined, movable, dark brown, or nearly black mark on his conjunctiva, close to the corneal border of the left eye. This caused no irritation, and looked innocent in character; so I advised to leave it alone, telling the boy's father to watch it, and let me know if it grew any larger. In March, 1887—*i. e.* after an interval of five years—I again saw the boy. The growth was similar in appearance, but was both larger in superficial area and raised above the surface of the conjunctiva. The boy's father thought it was growing decidedly of late. It was then about 8 mm. in length and 3 mm. in breadth, and followed the margins of the limbus conjunctivæ. Ophthalmoscopic examination, under atropine, failed to discover any implication of the contents of the globe. The tumor was easily removed by forceps and scalpel; it was free from everywhere, except at the limbus conjunctivæ, where slight dissection was necessary. The wound healed in a few days, and no appearance of recurrence has so far shown since March 19th, 1887. Histologically, the tumor consists of fibrous tissue, with masses of sarcomatous looking cells, and a considerable quantity of pigmentation. Much of the pigment is accumulated immediately under the epithelium of the conjunctiva.—MR. ARTHUR H. BENSON, in the *Ophthalmic Review*, July, 1887.

INTUBATION OF THE LARYNX.—DR. F. E. WAXHAM ("Journal of the American Medical Association," July 23, 1887) gives his views, drawn from the largest number of cases operated upon by any surgeon. Of the 136 operations 37 recovered, or a percentage of 27.20. There were 72 cases three years old or under, with 16 recoveries, or 22 per cent., while there were 64 cases over three years, with 21 recoveries, or 32.8 per cent. The youngest patient to recover was an infant of nine months, the oldest a child of nine years. The longest period the tube was worn was two weeks, the child being two years old and making a perfect recovery. The shortest period was one hour in a boy of three, who was semi-comatose and almost pulseless. After introduction of the tube he was soon resuscitated, considerable membrane being ejected; an hour

later the child coughed up the tube, together with a small piece of membrane. As the respiration was perfectly easy the tube was not reintroduced and the child made a rapid recovery. The doctor says, taking his cases as a standard, the result seems satisfactory, and that it compares favorably with tracheotomy. He says in the whole history, where can we find a record of 72 cases of three years or under, with recoveries amounting to 22 per cent.?

In the discussion, DR. A. B. STRONG spoke adversely to the operation. He had intubed the larynx 32 times for diphtheritic croup, with only one recovery. His most serious objection to it being the entrance of food into the air passages through the tube and thus exciting inflammation. He closed his remarks, after speaking at length on the dangers and disadvantages of the operation, by saying that he would not intube the larynx again till some modification of the O'Dwyer tube enables the child to swallow nourishment. Some one else will have to do the experimentation—no more of it for him. DR. HATFIELD'S experience, although less extensive, had been similar to that of Dr. Strong. In ten operations, which had been done in his practice, there were ten deaths. Death was caused in four cases by exhaustion or diphtheritic poisoning, the other six died of pneumonia.

DR. INGALS ("New York Medical Journal," July 2—9, 1887), adds a valuable contribution to our knowledge upon the subject. He arrives at the following conclusions: (1) Intubation may be quickly and easily performed, and with but little danger. (2) Friends readily consent to the procedure. (3) The tube is kept free by the respiratory efforts, and hence tedious after-treatment is unnecessary. (4) The results so far are practically as good as those of tracheotomy at all ages, and apparently better in very young children. (5) To secure the best results, great care must be taken to prevent the entrance of foreign substances into the trachea. (6) At present, with O'Dwyer's tubes, the most successful plan is to prohibit, absolutely, the deglutition of fluids while the tube remains in the larynx. Small bits of ice may be sucked to allay thirst; soft solids may be swallowed, and fluids may be supplied, if necessary, by enemata, or the tube may be removed to feed the patient and then reintroduced. (7) Tubes with smaller heads, designed to rest on the vocal cords, have not yet been used sufficiently often to enable us to speak positively about them. If experience proves that they do not often slip into the trachea, that they do not injure the vocal cords, they will be especially useful, for they will nearly overcome the difficulty in deglutition, except when paralysis or some other result of the disease prevents closure of the epiglottis. (8) Medical treatment should be carefully attended to after intubation, and we must spare no effort to prevent extension of the disease to the bronchi and to relieve the dyspnoea which it occasions. I apprehend that successful after-treatment depends largely on the judicious and timely use of

suitable expectorants and respiratory and cardiac stimulants. (9) Though short tubes may be used with good results in some cases, the danger of their becoming filled with pseudo-membrane is so great as to render long tubes preferable. (10) Intubation should be practised early—it does not preclude subsequent tracheotomy. (11) For serious cases of spasmodic croup, and for œdema of the glottis, this will prove a most useful procedure. (12) For the treatment of chronic laryngeal stenosis it will doubtless be of value.

As the principal objections to intubation, DR. SAJOURS mentions the following, in the order of the danger attending them: 1. Obstruction of the tube by fragments of membrane. This may be averted by using a tube approaching as nearly as possible the diameter of the normal larynx. 2. Crowding down of loose membrane during introduction of the tube. The danger from this accident increases in direct ratio to the increase in the length of the tube beyond a certain length. 3. Passage of food through the tube into the trachea and consequent inability to feed sufficiently through the mouth. Many operators insist that absolutely nothing should be taken by the mouth. 4. Momentary arrest of respiration during introduction and shock resulting therefrom. 5. Liability of the tube to be coughed out and slipping of the tube into the trachea. To prevent these accidents the tubes should be of sufficient calibre to permit the passage of the air current without forcing the air on the outside of tube, and it should have a head large enough to prevent it slipping downwards.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.

DOSAGE IN SYPHILIS.—The question of doses in the treatment of syphilis seems to-day as debatable as ever. To what point should the remedies be pushed? Should we neglect the evidences of its disagreement and force the medication indefinitely until the syphilitic manifestations yield, as some authorities hold, or with the first symptom of toxic effect, should we delay their administration and then renew only in a lessened dose? DR. P. A. MORROW ("Journal of Cutaneous and Genito-Urinary Diseases," August, 1887) answers these questions in his article on "Idiosyncrasy in Syphilis." In regard to pushing the drug and the advice: "Limit to dose there is none; the signal to stop increasing the dose (of the iodides) in a desperate case is unconditional surrender on the part of the symptoms." He says: "The wisdom of this counsel is open to question, especially when the drug determines an intense dermatitis localized in the area in which the syphilitic process is centered." And further: "I am disposed to believe that in many cases when the irritant action of the iodide is determined toward the skin that the iodic lesions, like traumatisms, from mechanical or chemical irritation, constitute

new foci of syphilitic ulceration." In the same issue of the "Journal," DR. A. S. GARNETT writes: "As between too much medicine and treatment on the one hand, and syphilitic manifestations on the other, I choose the former always: few patients are overtreated, while thousands suffer from not having treatment enough." In regard to the size of the dose, the same author remarks: "I have had the most brilliant results from the use of from six hundred to a thousand grains of potassium iodide daily, when an initial dose of five or ten grains three times in twenty-four hours was borne with the greatest discomfort."

THE BINIODIDE IN SCARLATINA.—DR. CLEMENT DUKES ("British Medical Journal," July 23, 1887) writes: "The dose of hydrarg. biniodide must vary according to the age of the patient from one twenty-fourth to one-fourth of a grain. I give it every four hours for several days, and my belief is that if I had always continued it longer than a week I should have prevented even the slight desquamation of the hands and feet that did arise."

NOVEL REMEDY FOR ASTHMA.—Under the title of "A Novel Remedy for Asthma," DR. SAMUEL E. JAMES, of Frankfort, Kentucky, reports the following unique case: A sufferer for years from asthma, hearing that bird shot would cure him, proceeded to take a teaspoonful of No. 8 shot three times a day. Although colic was present almost from the start, he did not think it necessary to send for a physician until after three weeks of this treatment. Well-marked symptoms of lead poisoning were then present. The action of cathartics brought away in the first passage about one pound of the shot, and later another pound. In three weeks the patient had recovered from the effects of the lead poisoning, at which time the asthma re-asserted itself. But during the elimination of the lead, the breathing was free and easy, and no paroxysms occurred.—*Medical Record*, July 9, 1887.

STENOCARPINE, A NEW LOCAL ANÆSTHETIC.—DR. J. H. CLAIBORNE, Jr., reports the discovery of a new local anæsthetic. It is an alkaloid derived from the Tear Blanket Tree, resembling in its appearance the acacia stenocarp, from which the new anæsthetic has been dubbed "Stenocarpine." A two per cent. solution in the test cases was used. The reports from these cases show its local anæsthetic action to be more powerful than equal strength solutions of cocaine. At present the market value is sixty cents per grain, strongly reminding one of the market value of cocaine soon after its introduction.—*Medical Record*, July 30, 1887.

AGAINST BERGEON'S METHOD.—After page upon page in laudation of Bergeon's method, reports are beginning to be received which are rather adverse to the former favorable criticisms. DR. WYSS, of Geneva ("Medical Record," August 6th, 1887), thinks justly that the true merit of any form of treatment lies in

the success of experimentations; and records of test experiments are being constantly recorded to the evident disfavor of Bergeon's method. He cites the case of a patient under Dr. Bergeon's personal supervision, in whom the injection brought on such violent colics and diarrhœa that the treatment had to be discontinued.

PHYSOSTIGMA IN THE TREATMENT OF CHOREA.—L. C. REISS ("Berl. Klin. Wchnschr.") treated thirty-four children and six adults suffering from this and other hyperkinetic diseases with eserine. Four were cases of "the severely fatal form" ("die schwere todliche form") in young people, four chronic chorea in adults. In these, eserine proved itself the equal of other known remedies. In all the remaining cases, however, the recoveries were strikingly rapid. Five cases of tetanus were treated with eserine, but the author does not determine its value. He prefers Merck's sulphate of eserine in subcutaneous injection, 0.001 gm. in fresh solution, once to twice daily. In many cases vomiting occurred after the injection, but only on the first day of treatment.—*Schmidt's Jahrbuecher*, July 15, 1887.

PROPHYLAXIS OF CROUP.—DR. DUMAS ("Medical Record," August 6, 1887) recommends iodine given internally in quantities not exceeding eight drops daily, as the best prophylactic treatment for croup. He has had success, and wishes the method more generally tried. The remedy is usually given in sweetened orange flower water, and in combination with a little iodide of potassium.

SALICYLIC ACID IN FOOD.—We believe that it is worth noting here the experiments made by Dr. Lehmann for the purpose of determining the poisonous power of salicylic acid. As is known, this has been especially contested by Kolbe, who devised an ingenious method of producing this acid by synthesis. Certainly Kolbe was not a physician, but the illustrious savant was a most judicious observer, for which reason his opinion in this matter deserves to be carefully considered. However, Kolbe's view has been disputed in many countries, where adulteration of food and beverages with salicylic acid is strictly forbidden. This measure would scarcely be justified according to the "*Deutsche Medizinal Zeitung*."

Lehmann caused two workmen of Munich in good health to take daily from November 23, 1885, to February 21, 1886 (fete days excepted), 5 cc. of a ten per cent. alcoholic solution of salicylic acid in a demi-litre of beer. The liquid was swallowed in from ten to fifteen minutes. During the experiment the health of the subjects was excellent, notwithstanding that one of them had taken in all 37 gr. 5 of the acid, and the other 45 gr. 5. The author concludes that the daily absorption of 5 centigrammes of salicylic acid is not injurious even after many months of this regime. In this connection he very judiciously remarks that almost all of us use small doses of poisonous products, as coffee and tobacco, and that at present no one

would dream of legally inhibiting the use of the pipe or the cigar, or the sale of coffee.—M. A. JORISSEN, in *Annales de Soc. Med.-Chir. de Liege*.

MEDICINE.

LESIONS FOLLOWING THE USE OF ANTIPYRETIC DRUGS.—At a recent meeting of the New York Pathological Society, DR. PORTER presented the liver and kidneys of a patient to whom large doses of antipyrine had been given, in which, as a result of the action of that drug, it was thought, extensive fatty and granular metamorphosis had taken place. The patient had had only a moderate attack of rheumatism with some elevation of temperature, for the reduction of which pretty full doses of antipyrine were given at rather short intervals. It did not seem to affect the temperature very much. After the patient entered the hospital the temperature went up to 105° F., and following the use of antipyrine it went up to 107° F. The use of antipyrine was then stopped, and salicylic acid was administered. The temperature then fell to 103° F. Antipyrine was given again, and the temperature rose again. Antifebrine also was used, but the temperature went higher and higher, and the patient died with a temperature of 109° or 110° F. The speaker had seen in literature that men who had experimented with antipyretics, such as antipyrine, antifebrine and thalline, had found extensive changes in the liver and kidneys, and during life casts and albumin in the urine, but they maintained that it was of no practical importance. They also had made the observation that patients treated with these antipyretics recovered less quickly, especially patients with typhoid fever, the duration of the disease being about forty-two days, whereas in those treated with other antipyretic measures, such as baths, it lasted only about thirty-two days. One writer had said that when he used antipyrine he succeeded in getting the highest death rate, but he was inclined to think the patients were more comfortable while they lived. The speaker had noticed for some time that in the bodies of patients who had been treated with antipyrine there was very frequently granular and fatty metamorphosis of the liver and kidneys. He had therefore come to believe that antifebrine, antipyrine and thalline were not such safe antipyretics as had been maintained.—*New York Medical Journal*, July 30, 1887.

THE TOXIC ABILITY OF NON-FEBRILE PATHOLOGICAL URINES.—As the result of experiments on the toxic ability of non-febrile pathological urines, M. V. FELTZ states as follows: Glycosuric urines, as long as a cachectic condition is not present, are not more poisonous than normal urines. On the other hand, icteric urines dependant on organic disease of the liver, albuminous urine caused by grave renal lesions, and the urines from persons of cancerous cachexia or profoundly anæmic, are much more poisonous than nor-

mal urines. It is not always a question of the adjunction of new poisonous principles, but only of the increase of the noxious principles of physiological urine.—*Progres Medical*, July 9, 1887.

THE GENESIS OF HYDATID CYSTS.—This is probably one of the best known questions in pathology. It is clearly demonstrated that the egg of one of these canine tape-worms, the *tænia echinococcus*, is, I will not say the ancestor but the father of the human echinococcus; that it develops only when one of the eggs of the parasite in question penetrates into our organism. It must be acknowledged that but few hold so valuable an opinion with a view to prophylaxis. Every month, every week, observations on hydatid cysts are published, particularly hydatid cysts of the liver. We discuss with warmth, sometimes with passion, the relative merits of different methods of treatment. These are certainly questions of capital interest; but it will be, I believe, equally interesting to go from the effect to the cause, and to apply these ideas actually to the suppression of this cause itself. That is to say, to give to hygiene a scope comparable to that which we accord to it every day in surgical therapeutics. It is easy to explain the well-known frequency of hydatid cysts in Iceland. Every islander will own, according to Krabbe, at least six dogs, and 25 per cent. of these animals will have the *tænia echinococcus*. The relation of cause to effect being known, we should be able to formulate almost in these terms the law of general etiology of hydatid cysts. *Their number in a country is directly proportionate to that of the dogs*, and conclude from it that they are more frequent in the mountains than on the plains, and in the country than in the towns. If I refer to statistics which have been willingly furnished me by M. Alexandre, Chief of the Veterinary Service of the Department of the Seine, Paris ought to be, according to this, exceptionally situated. There are here almost 80,000 dogs duly registered under individual numbers according to species, and perhaps 80,000 others which are outside the law because the exchequer ignores their existence. Unfortunately it is difficult to draw our conclusions from these figures. We require accurate statistics; hydatid cysts do not always kill, and people who are affected often succumb to other diseases. What hospital physician has not found them, previously unrecognized, at the autopsy of subjects who died from different causes? If it was possible to definitely determine the number of those bearing cysts which have produced accidents sufficiently grave to direct attention to them, it would represent the number of those which we have treated. Further than this we have no knowledge. It is not, perhaps, superfluous to recall these acknowledged facts, to insist on the pathogenic role of the dog, and on the precautions to be taken to avoid what is always an inconvenience and often a danger.—M. A. OLLIVIER, in *L'Union Medicale*, July 16, 1887.

PUERPERAL NEURITIS.—Certain poisons have, as it were, an elective affinity for definite portions of the nervous system. Diphtheria-

toxin, for instance, generally produces first paralysis of the pharynx, of the ciliary muscle and disappearance of the patellar reflex. Syphilis-toxin destroys the patellar reflex and pupillary reflexes and impairs the innervation of the bladder. Even the toxic paralyses in a narrower sense have a more or less definite localization, as, for instance, the paralysis of lead poisoning, and perhaps that of alcohol and that of arsenic poisoning also. One form of this paralysis consists of certain neuritic symptoms, following childbed and puerperal diseases, especially which affect particular organs with approximate regularity, and in young women do not readily develop except from external causes. The sensory as well as the motor fibres of the terminal filaments either of the median or of the ulnar, or of both, these nerves sometimes become diseased, either on both sides or, more frequently, only on the side that is most used—the right. The affection begins either in childbed, or even weeks later, and may develop either rapidly or slowly after the continued existence of premonitory symptoms mostly in the form of tearing (“reissenden”) pains. The duration of these symptoms is extremely variable, but earlier or later, they nearly always seem to end in recovery. The puerperal disease preceding them may be either light or severe. Within the last few years MÆBIUS has observed these symptoms in five cases. In two other cases there was an anomalous localization of the puerperal neuritis—once resulting in paralysis of the shoulder muscles, once in mild diffuse disease of the brachial plexus. Mœbius has also observed paralysis of the legs following puerperal diseases, but in these cases the affected nerves seem to have been injured by severe antecedent cellulitis.—*Schmidt's Jahrbuecher*, B. 214, No. 6.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement

Regular Meeting, Tuesday, August 16, 1887.

The President, W. E. BRIGGS, M. D., in the Chair.

DR. W. R. CLUNESS reported a successful case of tracheotomy for diphtheria.

DR. H. L. NICHOLS, in opening the discussion, said he desired to congratulate the doctor on the successful issue of the case. As regards the character of the disease, he had some doubts as to whether it was not really croup, and not diphtheria, though evidences of the latter did appear during the progress of the case. Had it been malignant diphtheria, the prospects of success would have been slight. It was in these cases of membranous croup that operations were more successful; in malignant diphtheria they were usually unsuccessful, and the percentage of recoveries was low. Before he had heard of the matter through the medical press, it had

occurred to him that the tracheal tube could be replaced by one through the larynx. He believed that this method of O'Dwyer's would ultimately replace the graver operation. The procedure was less formidable to friends; the statistics of intubation and tracheotomy had appeared to him to not differ materially. The objection to tracheotomy in malignant diphtheria was the danger of diphtheritic inflammation of the wound.

DR. G. L. SIMMONS was glad that the doctor had been successful for another reason, for in cases of this kind it was well to be able to state that the operation was sometimes successful. He had in the last three years seen three cases which were practically at death's door, but had recovered without it. Had the operation been performed, it would no doubt have received the credit of the recovery. He had performed laryngotomy some months since; the operation was not prolonged, yet no air ever came through the tube; on looking down into the larynx the whole mucous surface was seen to be covered with an ash-colored deposit.

DR. A. E. BRUNE believed that there was a difference between croup and diphtheria. When no spots of deposit appeared in the mouth or pharynx, though there was laryngeal stenosis, the prospect for operation was much more favorable. There are cases of croup with all its symptoms in which the stenosis persists for several days, yet these cases are not diphtheritic; the stenosis is due to swelling of the mucous membrane, with perhaps a simple inflammatory exudation. Had performed the operation twice; the first child was suffering from continuous dyspnoea; there was no exudation visible in the fauces. The operation was successful. In the second case the diphtheritic deposit was on the tonsils, in the mouth and even on the gums. When the tube was inserted, no air came through. He tried direct inflation, but was unsuccessful; artificial respiration was performed, the child revived and a complete cast of the trachea some four inches in length was withdrawn through the incision; the tube was re-inserted and the child then breathed freely, but died three days subsequently from septic infection. He believed that diphtheria was originally a local disease, the constitutional symptoms being really dependent on septic absorption. There must be a predisposition for infection, a dry inflammatory condition of the mucous membrane due to cold, or a febrile condition of the system existed in most cases. When a person so affected was exposed to diphtheritic poison, he would certainly take the disease, whereas one whose mucous surface was normal would escape.

DR. G. C. SIMMONS believed that tracheotomy would be succeeded by intubation; first, because the percentage of recoveries was higher, and next because parents and friends so readily consented to it in preference to a cutting operation.

DR. J. R. LAINE believed that it was generally conceded that there was a difference in the contagion of different epidemics of diphtheria; in some cases the contagion would be mild, in others

severe. In the case related by Dr. Cluness there had been no fever, and no other than laryngeal local symptoms until afterwards. If there had been graver constitutional symptoms, the prospect of an operation would have been much more unfavorable. Regarded it as unfortunate to be compelled to treat a case in which operative procedure was required.

DR. T. W. HUNTINGTON thought that the procedure in this case was judicious, and had the result been different his opinion would have been similar. It was unfortunate that these operations were frequently fatal, but the necessity for their performance was not lessened; the child died more easily. He would like to ask Dr. Cluness whether he believed membranous croup and diphtheria to be identical.

DR. CLUNESS said he never had had any doubt as to the identity of these diseases until he had treated this case. During the first two or three days he had thought that the case was croup, as there was no deposit and no constitutional disturbance. There was stenosis of the larynx; the tube was introduced because the child was becoming cyanosed. There was no deposit at the point of insertion of the tube, nor none visible anywhere. Three or four days after there was distinct deposit in the right nostril of very tough membrane. A point which he had made, and which had not been noticed, was that the deposit had evidently taken place on the vocal cords. From their anatomical structure a deposit there could not possibly be absorbed; it was not until the deposit appeared in the nasal passages that fever was noticed. It was evident, then, that the deposit had spread further up to mucous membrane which did contain lymphatics. He believed that there was more than one form of diphtheria; one in which the disease was local at first, and another in which the deposit did not appear until the system had been thoroughly saturated with the poison.

DR. HUNTINGTON, regarding the identity of diphtheria and croup—whether the one was constitutional, and the other local, was a most interesting question. He believed that the diseases were identical, and were not local but constitutional, because they had a distinct period of incubation. In the case in question, he had no doubt that there had been a period antedating the appearance of laryngeal symptoms, during which constitutional manifestations had existed unnoticed.

THE PRESIDENT said that it was a well-known fact that in the larynx there was very little submucous tissue and very few glands. This was the true explanation of the slight constitutional symptoms in diphtheritic laryngitis. When the deposit was in the posterior nares, where the tissues were much thicker, absorption with constitutional symptoms soon appeared.

FOR SALE CHEAP.—Holmes' System of Surgery. (Am. ed.) 3 vols. sheep. Pepper's System of Medicine. 6 vols. sheep. Apply at this office.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: SEPTEMBER, 1887.

MEDICAL AND SANITARY SERVICE ON IMMIGRANT PASSENGER VESSELS.

The report of the committee of the American Medical Association on memorializing Congress in relation to this question was presented at the last meeting. Through an "unaccountable failure of the mail delivery," it did not reach the Association at St. Louis, but the committee reports with regret that, notwithstanding this delay, its objects are as yet unattained. We propose to discuss some of the reasons for and causes of failure in this connection on shipboard, which are more directly concerned in the production of existing evils.

The major portion of the carrying trade between Europe and America being in the hands of British companies, it will best illustrate the question to confine the discussion to this class of carriers. The committee mentions, as amongst the chief abuses, the "incompetency, insufficiency and disgraceful status of the medical officers." The first charge rests on slender foundation. There are certainly amongst the large body of ship-surgeons incompetent, careless and, it is to be regretted, intemperate men, but the majority of them are quite equal to the average practitioner in education and training, and not a few are much above that standard. On the second count, "insufficiency," the committee has grounds for complaint, as ships do put to sea with one medical officer, when two should be aboard. The third charge, "disgraceful status," covers the whole question, and until this is remedied and the service placed upon a firm and satisfactory basis, it is idle to hope for improvement.

The ship-surgeon has no status whatever; he receives his appointment from the owners; appears before the officer of emigration, who satisfies himself that the applicant has the necessary qualifications registered, furnishes him with a certificate of appointment and a blank form of report, postage *not prepaid*. He then signs the ship's articles as surgeon or surgeon and purser, and is therefore when at sea as much under command of the master as any man on board. From a nautical standpoint, he is classed with the stewards, cooks and other nondescripts. His subsequent position depends entirely upon the captain. If the latter is a man of some intelligence and education, with gentlemanly instincts, things will go smoothly enough; should the contrary, and very common conditions, obtain, the life of a conscientious and faithful medical officer will be very unpleasant. The doctor has no authority whatever on shipboard; that is to say, none which is his by virtue of position; having no rank, he has no one under him—hence the impossibility of doing good executive work. The captain, from education and training, is incompetent to perform the necessary work of sanitary supervision, while experience as a commander has made him intolerant, so that advice which may differ from his own opinion is badly received. In the Western Ocean the bad weather frequently encountered demands his entire attention, and he has little time to devote to other matters, while the power that should supervise has no authority.

The committee alludes to the necessity of proper quarters for the surgeon, and to the need of a steward or apothecary competent to dispense medicines. It does not specially mention that a surgery should be provided, which is really of greater importance than the apothecary. Frequently the doctor is compelled to carry medical stores in his own room, which entails the performance of minor surgical work in the same quarters. This is a grave defect, and requires immediate rectification. Another glaring evil, to which the report does not allude, is the neglect of proper hospital accommoda-

tion. In a confined space, such as a ship at sea, effective isolation is a difficult matter, and in bad weather the obstacles in the way of this provision are greatly increased. All vessels in the emigrant trade are compelled by law to maintain two hospitals, and as a result a cabin is set apart in a haphazard way, and provided with a brass plate marked "Hospital." The fittings are usually standing bunks similar to those in the fore-castle, and the space proportionately limited. These "Hospitals" are frequently so situated that proper light and ventilation is unobtainable in bad weather, and they are often difficult of access or dangerous for an invalid to be confined in. We remember a hospital which was not only uninhabitable, but inaccessible, in a gale of wind. It is impossible to do more than briefly allude to the many existing defects, for instances could be multiplied indefinitely. It is sufficient to indicate the graver faults, and suggest what would be likely to afford a remedy.

As a panacea for these many evils, the formation of a medical department under Government supervision, the medical officers, after duly qualifying, being appointed by and responsible only to the head of their own department, has been advocated. Provisions would also be made for tenure of office and retiring allowance. This would be in many respects similar to the plan adopted by some of the Australian Colonies in their immigration service, where it has given perfect satisfaction, but the realization of such a scheme lies in the distant future. Meanwhile great improvements would be possible if the existing laws were rigidly enforced, and the following provisions incorporated, with adequate penalties for their violation:

A standard of qualification to be fixed, which in the case of emigrant vessels should include previous experience at sea. Every vessel carrying passengers shall be provided with a competent medical officer, and when the number of such passengers shall be 500, an additional surgeon must be carried. Every vessel, as above, shall provide, in addition to

proper accommodation for the medical officers, a surgery, well lighted and ventilated, not less than eight feet square, with proper facilities for compounding medicines and performing minor surgical operations. Two hospitals should be provided in a well lighted and ventilated portion of the ship, such hospitals to be readily accessible in all weather. The floor space should be sufficient to enable two or more cots to be used in each, in addition to the standing bunks. A steward, to be under the immediate direction of the ship-surgeon, shall be carried. The medical and sanitary police of the ship is to be under the absolute control of the medical officer, and all orders from him in this connection, when not interfering with the proper working of the ship, must be rigidly enforced.

NOTES.

FUNDS FOR THE CONGRESS.—The "Journal of the American Medical Association" publishes the following appeal: The local Committee of Arrangements have the pleasure to announce to their American brethren that the widespread desire to attend the Congress is such that the amount of money for the reception and entertainment heretofore deemed sufficient, will be entirely inadequate to provide for the large number that will be in attendance. They are therefore constrained to appeal to their brethren throughout the country for additional subscriptions to the entertainment fund. They feel that to their patriotic countrymen it is only necessary for the fact to be stated in order to secure the sending of such liberal contributions as will ensure the entire success of the social features of this great International gathering, on a scale commensurate with its dignity and importance. Let all Americans come to the front and ensure to *all* the foreign members the full measure of the hospitality of free America. Contributions should be immediately forwarded to Dr. C. W. Franzoni, member of the Finance Committee for the District of Columbia.

A COMPLIMENT TO MEDICAL EDUCATION IN CALIFORNIA.—Dr. Frank S. Billings, in a valuable paper on "The Necessity of a Uniform Standard of Education," ("American Lancet") gives some very interesting figures on the courses and requirements of various medical colleges in the United States. In the fifty-six institutions cited the number of days of actual attendance upon lectures varied between 180 days as a minimum of two full courses, and 621 days (College of Medicine, Syracuse University) as the maximum. He adds:

"Our far-west sister makes the best average showing of any State in the Union. The three regular schools of California demand an actual attendance of 444, 444, 457 days each. The *morale* of the profession should be fairly good there if they can keep the cheap school graduates of the East out of competition by law." It is satisfactory to find a recognition elsewhere of the honest efforts of the profession on this coast to maintain a proper standard of medical education. The present medical law, unfortunately, does not provide the safeguard suggested by the author, and the Board of Examiners is compelled to recognize as legal qualifications the diplomas from several schools whose requirements for matriculation and graduation are very inadequate. The author furnishes many ridiculous, but disgraceful examples of the efforts to attract students put forth by several "diploma mills." The paper is an excellent contribution of a type much needed.

SPECIAL CORRESPONDENCE.

LONDON.

[FROM OUR OWN CORRESPONDENT]

The Meeting of the British Medical Association.—President's Address.—Address on Medicine.—Address on Surgery.—Address on Public Medicine.—Etiology of Scarlet Fever.—Work in the Sections—The Festivities.

I ask permission to make an Irish bull—begotten of the environment—and to date my "London Letter" from Dublin. The centre of interest in medical matters has shifted to this beautifully situated and hospitable town. Dr. Haughton has some hard things to say of it, that it is over-crowded and poor, and ill-drained, yet, as he himself says, when speaking of the inhabitants of the sixty-four localities in England and Wales, which Dr. Farr picked out to afford an average death rate in a healthy population: "The value of life does not depend on its mere length; it depends on the number and value of the thoughts of the liver. These good people do not live, they only vegetate; they are in happy ignorance of Greek and Latin, and have never heard of Swift and Pope, of Molière and Voltaire, of Shakespeare or of Newton. They are a dull race, and I should prefer living among a livelier people, where I could live and take my chance of a share in the 10,000 additional funeral feasts and baked meats."

The President's address, delivered at the fifty-fourth annual meeting of the British Medical Association by Dr. J. T. Banks, Regius Professor of Physic in the University of Dublin, deals chiefly with the history of the Dublin Medical School from the foundation of the University of Dublin by Queen Elizabeth, when the "physitian's pay" was £40 a year, down to the present day, when there are two universities in Dublin granting degrees, and three licensing bodies. Dr. Banks stated that the older University had shown

great liberality in providing accommodation for the medical school, and that when all the buildings were finished, the School of Medicine in Trinity College would bear comparison with any in the United Kingdom. The College of Physicians owed its origin to Charles I., who, in a letter dated 1626, directed Viscount Falkland to create a college after the pattern of the London College of Physicians. One of the first set of Fellows was Sir William Petty, an extraordinary man, at one time Professor of Anatomy and of Music (!) in Oxford University, subsequently Physician-General to the Army in Ireland, then a member both of the Irish and of the English Parliaments, and finally surveyor of the forfeited estates, during which commission he amassed a large fortune invested in land inherited by the Marquis of Lansdowne, now Governor-General of Canada. The Irish College of Physicians owes its present cumbrous title of "King's and Queen's College of Physicians" to a charter granted by William and Mary. Its first President under the new charter was Sir Patrick Dun, who was William's physician during his Irish campaign. With the recent history of the Dublin School of Medicine, Dr. Banks dealt more briefly, shortly sketching the life work of Cheyne, the Cramptons, Sir Henry Marsh, Graves, Stokes and Sir Dominic Corrigan, who contributed so largely to win for it the high position which it held especially during the middle of the present century.

In a review of Cullen's writings, published in the "Edinburgh Review," Sir William Hamilton, Professor of Logic and Metaphysics in Edinburgh University, asked the mocking question, "Has the *practice* of Medicine (the art as distinguished from the science) made a single step since Hippocrates?" In his address in Medicine, Professor Gairdner of Glasgow sets himself to answer this question. He founds his affirmative reply on three main advances: (1.) The increased value attached to hygienic remedies, and the recognition of the fact that the insanitary conditions which produce disease, tend to its continuance and retard recovery. (2.) The abolition of frequent and routine venesection which has gone hand in hand with a greater trust in the self-healing processes in acute diseases—*vis medicatrix nature*—and, (3.) A more rational treatment of epidemic fevers, easily digestible foods having been allowed to replace alcoholic stimulation, which had itself displaced copious venesection and other depletory remedies. He contends also that, in general terms, there is a greater "stability" in medical practice, a stability which will in the future prevent such an extensive revolution in practice by an ill-considered and one-sided theory as was produced by John Brown of Edinburgh at end of the last century.

The address on Surgery, given by Dr. Edward Hamilton, Professor of Surgery in the Royal College of Surgeons of Ireland, discussed once more the value of antiseptics. He dwelt especially on the power of the organism to resist the micro-organism. It would

appear, he says, as if, up to the present, the attention has been exclusively fixed on infective germs. Sufficient regard not being had to the important influence of environment, every effort has been strained to discover the most effective and deadly germicide. When we know that these atoms, no matter how virulent they may be, cannot undergo their life changes, cannot produce these infective results, unless the environment, like the cultivation liquids of the histo-pathologist, is capable of developing and sustaining these changes. In contact with dead organic matter, or living matter in certain conditions of altered or reduced vitality, they become a teeming source of infection, decomposition and decay. If pathological surfaces could possibly be brought to and maintained in such a condition that they would not afford a suitable cultivation ground, do we not accomplish almost as much as when we destroy them? And surely the perfection of antisepticism must be attained when these two conditions are fully developed and enforced. Chloride of zinc is largely used in Dublin as a surgical dressing. Koch asserted that this salt is inert as a germicide, but clinical experience proves that it has a powerful influence in preventing decomposition in wounds, probably by rendering the cut surface a barren field. Professor Hamilton applied this theory to the treatment of chronic abscess.

As the method is of practical value, perhaps you will permit me to quote his description of it at length. "A long curved trochar and cannula was pushed through the abscess, and made to transfix it some four or five inches; a piece of rubber tubing with a single hole about the centre was drawn through the cannula by a thread connected to the cutting end of the trochar; the aperture in the tubing being lodged midway between the two trochar wounds, the cannula was removed; one end of the tube was attached by glass tubing to the exit conduit of an irrigating can hung well above the patient's bed; the other end discharged into a reservoir at the bedside; by means of a stop-cock the flow of the fluid could be regulated with greatest nicety, so that it could escape drop by drop, and render not only the contained fluid, but the abscess wall, perfectly aseptic. Again, by compressing the exit portion of the tube between the finger and thumb, you can cause distension of the sac to any degree desirable, and thus produce all of the advantages of the distension method proposed by Mr. Callender. And now, as to the fluid which is to be used for irrigating an abscess. In my earlier trials I, of course, employed the fashionable antiseptic, carbolic acid; but my patients, after a few hours, exhibited olive-colored urine, and gastric disturbance, warning me that I could not persist without reducing the strength of the solution to such a degree as to render it inert. Subsequently, I employed a very weak solution of chloride of zinc, 1 pint to 200, with the best possible results. The cavity remained antiseptic; remarkable changes were developed in the wall of the abscess; thin membranous matter was discharged from time to time.

After about a week the opening through which the tubes were passed became enlarged so as to be no longer water-tight. This at first caused considerable trouble in keeping the patient dry and comfortable; but more extended experience proved that at this time continuous irrigation is not needed, the cyst wall having undergone such decided alteration in its structure and condition, that occasional syringing is quite sufficient for the perfect healing up of the cavity."

The address in Public Medicine is delivered by the Reverend Samuel Haughton, M. D., D. C. L., LL. D., F. R. S., Senior Fellow of Trinity College, Dublin, physician, sanitarian, mathematician, politician, clergyman—*nihil teligit quod non ornavit.* The address is essentially statistical and mathematical; it is an attempt to give greater precision and extension to the pioneer work of the late Dr. Farr. It will undoubtedly be much discussed by statisticians, and it will probably not be until activity is resumed in London and Dublin societies next winter that an authoritative estimate of its value will be made. Meanwhile it will suffice to say that Dr. Haughton traces a direct connection in the United Kingdom between an increase in the death-rate and cold weather. He also shows that the observed death-rate in London, Edinburgh and Dublin is lower than the death-rate calculated upon the data afforded by the average death-rate and the density of population. He gave the following table, founded on information supplied by the Registrar-General for Ireland, Dr. Grimshaw, for the year 1881:

	Density.	Death-rate.		Difference.
		Observed.	Calculated.	
London	32,512	21.20	35.09	—13.89
Edinburgh	35,072	20.10	35.65	—15.55
Dublin	9,152	27.00	31.02	— 4.02

The column headed "Death-rate Calculated" is the average death-rate of the whole population, corrected only for density. In all three cities it exceeds the actual death-rate, showing that all the cities have a death-rate less than the average, and the column of differences indicates the total effect of the sanitary causes acting in favor of each city, viz.:

London	13.89
Edinburgh	15.55
Dublin	4.02

We thus see that the sanitary causes acting in favor of Edinburgh and London are nearly four times as great as those in Dublin. Setting aside the absence of epidemic disease, these causes are: air, water, food, clothing, lodging and drainage.

He then discusses the special short-comings of Dublin, showing that it was chiefly to bad lodging and drainage that it owed its high death-rate.

The etiology of scarlet fever is a subject which has recently attracted a great deal of attention. The subject was raised by reports presented to the local Government Board by Mr. W. H. Power and Dr. Klien. The former having been called upon to investigate a very limited outbreak of the disease in the north of London, found that all the households affected had been supplied with milk from the same dairy, which was situated at Hendon, and that certain of the cows were suffering from a vesicular disorder of the udders; further, there was evidence that it was only the milk of those particular cows in the dairy which suffered from the vesicular eruption, which was infective. The secretion of these ulcers Dr. Klien found to be infective, and from it he isolated a streptococcus, which both morphologically and in its mode of growth closely resembles, though it was not identical with, a streptococcus which he had found in foot and mouth disease; the inoculation of calves with pure cultivations of the organism found in the Hendon cow disease, produced in calves a disorder characterized by redness and swelling of the skin and changes in the kidney closely resembling those seen in the human kidney after scarlet fever. Dr. Klien also isolated this same streptococcus from the blood of persons suffering from scarlet fever; he also found the same organism in some tinned milk which was believed to have produced an epidemic of scarlet fever.

Mr. Eddington has recently published the result of an elaborate research in the laboratory of Professor Chiene of Edinburgh. He gives a description of a long series of micro-organisms isolated from cases of scarlet fever; some of these were cocci and other bacilli; one of the latter, to which he applied the term *bacillus scarlatinæ*, he found in every cultivation made from scarlatinal blood if taken during the first three days of the fever, and in every cultivation made from the desquamation started after the third week. Inoculations of pure cultivation of this bacillus produced in rabbits and guinea pigs fever accompanied by erythema, followed by desquamation. In the calf it produced a disease with very similar symptoms. Dr. Eddington considered it was pretty well proved that this *bacillus scarlatinæ* was the specific cause of human scarlatina, but others have not been equally ready to accept this conclusion without further investigation, and the whole question has been referred to a special committee of the Edinburgh Medico-Chirurgical Society, the Chairman of which is Professor F. Grainger Stewart. An interim report was presented on July the 20th, but it announced no fresh results, and the discussion which followed went rather wide of the mark. We are probably very far from the end of the controversy. The agricultural interest has been greatly exercised by the publication of Dr. Klien's theories, and Dr. Eddington's controverting theory has given them ground for saying that the whole subject requires to be again worked over; indeed, their spokesman, Professor Axe, maintained that the Hendon cow disease is so common a dis-

order in milch cows that it can have no share in producing scarlet fever.

The meeting of the British Medical Association at Dublin which concludes to-day (August 6th), has been very well attended. The total number present is nearly nine hundred. All the Sections have been well attended. In the Section of Surgery the radical cure of hernia was long and vigorously discussed; in the Therapeutic Section there was a valuable discussion on the treatment of the uric acid diathesis, and two excellent demonstrations were given; one by Mr. Malcolm Morris on the rational treatment of ringworm, which, he said, constitutes abandonment of ointments, and the alternatives are of many remedies, chief among which he named carbolic acid; and by Dr. Symons Eccles, on massage. Dr. Unna's paper in this Section, on his own devices for treating skin disease;—by plaster mulls and "wool ointments"—was extremely interesting, and the method will assuredly lead to an extensive trial of his system in this country.

The festivities were in the highest degree successful. On Monday, Dr. Banks, the President, gave a semi-official dinner at his private house, at which the Lord-Lieutenant, Prince Edward, of Saxe-Weimar, and many scientific celebrities, were present. On Wednesday, there was a *conversazione* in the new buildings of the Royal University. "All Dublin" was there, and the sight was most brilliant. On Thursday, the public dinner was eaten in the same hall, nearly four hundred persons sitting down. On Friday there was a garden party in the Fellows' Garden of Trinity College, and in the evening the officers of the Army Medical Staff entertained many thousands at a *conversazione* in the National Museum. Sir Thomas Crawford, the Director-General of the Department, returned specially from London, whither he had been summoned to defend the Estimates, in order to be present. Private hospitality has been generous to the Profession. All are agreed that the Dublin meeting has been most successful. Good, scientific work in the Sections, brilliant social gatherings, and beautiful throughout.

DUBLIN, August 6th, 1887.

BOOKS AND PAMPHLETS RECEIVED.

Report on the Etiology of Leprosy. By W. F. McNutt, M. D. [Reprinted from the Transactions of the Medical Society of the State of California.]

Expert Medical Report on One Hundred and Fifty-eight Inmates of the Institution for the Deaf and Dumb, at Berkeley, Cal. By A. Barkan, M. D. [Reprinted from the Transactions of the Medical Society of the State of California.]

Twenty-seventh Annual Announcement of the Bellevue Hospital Medical College, with List of Graduates (134) for 1887. Session begins on Wednesday, September 21, 1887.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM JULY 21 TO AUG. 20, 1887.

The leave of absence for one month, granted Acting Asst. Surgeon J. L. Ord, is extended one month. S. O. No. 40, Div. Pacific, July 25, 1887.

Acting Asst. Surgeon C. Anderson will proceed from Fort Verde to San Carlos and relieve Asst. Surgeon C. L. G. Anderson. Asst. Surgeon C. L. G. Anderson, upon being relieved, will proceed to Fort McDowell and relieve Acting Asst. Surgeon S. T. Weirick, who, upon being relieved, will rejoin his proper station, Fort Apache. S. O. No. 81, Dept. Arizona, August 3, 1887.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE (DISTRICT OF THE PACIFIC) FROM JULY 20 TO AUG. 20, 1887.

Asst. Surgeon Thomas B. Perry granted leave of absence for five days, from August 10, 1887.

Public Health.

Reports from Cities on the Pacific Coast of 10,000 inhabitants and upwards, for the Month of July, 1887.

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	60,000	9.40	47	4	16*	4	5	....	...	18
Oakland.....	49,000	17.37	71	15	14	31	4	4	....	3
Sacramento	30,000	13.60	34	6	2	10	8	6	....	2
San Francisco.....	280,000	19.64	459	82	70	205	65	31	....	3
San Jose.....	20,000	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stockton.....	15,000	7.20	9	1	3	5	.....	.....	.....	.....

* Non-residents.

Meteorological Summary for the Month of July, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.		WEATHER.			WIND.	FURNISHED BY.	
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell	Total Rainfall.	No. of Days			Prevail- ing direction		
							Clear.	Fair.	Cloudy.			
Auburn,	Cal	100	57	76.0	—	0	.00	—	—	—	W.	Southern Pacific Co.
Colfax,	"	100	58	75.5	—	0	.00	—	—	—	N.	"
Eureka,	"	—	—	—	—	—	—	—	—	—	—	"
Los Angeles,	"	98.1	51.1	69.5	25.3	2	.07	13	13	5	W.	Signal Service U.S.A.
Monterey,	"	76	55	61.6	—	0	.00	—	—	—	S. W.	Southern Pacific Co.
Oakland,	"	71	51	57.53	11.13	2	.01	17	11	3	SW. W	J. B. Trembley M. D.
Paso Robles,	"	105	48	72.5	—	0	.00	—	—	—	S.	Southern Pacific Co.
Red Bluff,	"	111.5	55.8	83.9	31.3	0	T*	29	2	0	S.	Signal Service U.S.A.
Sacramento,	"	99.2	48	70.2	34.0	0	.00	31	0	0	S.	"
San Diego,	"	79.0	59.7	66.4	9.2	1	.01	3	20	8	S. W.	"
San Francisco,	"	69.9	49.0	55.2	11.7	0	T*	5	17	9	W.	"
Santa Barbara,	"	85.5†	40‡	64.6	16.7	—	—	29	—	2	S. E.	Hugh D. Vail, Esq.
Santa Cruz,	"	75	46	61.9	—	0	.00	—	—	—	W.	Southern Pacific Co.

Dash (—) indicates reports missing.

Clear Day—One on which cloudiness is 3 or less on a scale of 10.

Fair Day—One on which cloudiness is from 3 to 7.

Cloudy Day—One on which cloudiness is over 7.

* T trace of rain.

† Mean of that day 71.3°

‡ 60.9°

The Sacramento Medical Times.

Vol. I.

OCTOBER, 1887.

No. 8.

ORIGINAL ARTICLES.

A SUCCESSFUL CASE OF TRACHEOTOMY FOR DIPHTHERIA.*

By W. R. CLUNESS, M. A., M. D., Sacramento, Cal.

Tracheotomy, when performed for laryngeal diphtheria, is so rarely successful that I am induced to report briefly the salient points in a case which recently came under my care.

Referring to the fatality of this form of the disease, after operation, Prof. Jacobi says: "The percentage of recoveries is reduced to such a low figure that only the utter impossibility of witnessing a child's dying from asphyxia has goaded me on to the performance of tracheotomy." And I am sure that the experience and observation of each one of you are corroborative of his. For my own part, I confess to having entertained at all times, but especially as my experience increased, the most serious apprehensions as to the result, as well as misgivings regarding the utility of the operation. Heretofore my operations numbered but eight, yet they all terminated disastrously, as follows:

In the first case, death resulted within twenty-four hours from asphyxia, in consequence of the attendant having allowed the inner tube to become suddenly filled with secretions, and having lost his presence of mind when the little sufferer commenced to struggle for air. My second and third cases died from the constitutional effects of the disease. In the fourth case the trachea was found to be so completely filled with diphtheritic deposit as to render the completion of the operation worse than useless. My fifth case died of pneumonia on the fifth day, after presenting the most encouraging hopes of a favorable issue. The sixth was one of unusual interest, and at times great hopes of recovery were entertained, yet she died of exhaustion on the fifth day after

* Read before the Sacramento Society for Medical Improvement.

the operation, and the eleventh of the disease. My seventh case died, as I believed, of general blood-poisoning, although one of the medical gentlemen in consultation entertained the belief that death resulted from occlusion of the trachea below the opening. My eighth case died from pneumonia on the third day; and this, my ninth case, I am happy to say, made a very good recovery.

The patient, a boy between five and six years of age, had been "croupy," for several days, but as he had been frequently attacked with croup on former occasions, and had been readily relieved by emetics of syrup of ipecac., together with the usual addenda of domestic treatment, no medical attention was deemed necessary until it became apparent that he was in imminent danger of suffocation. There was no deposit visible in the pharynx, or upon any part of the fauces, or in the nostrils, nor was there any apparent constitutional disturbance. The difficulty experienced by the child, however, in both inspiration and expiration, was convincing evidence of the presence in the larynx of a membranous exudation which was rapidly inducing stenosis, and the parents were accordingly advised of the impending danger. Emetics of the yellow sulphuret of mercury were administered for the purpose of ridding the pharynx of the accumulating mucous, and appropriate doses of the tincture of chloride of iron, with the bichloride of mercury in glycerine and water were ordered. The vapor of unslacked lime was also ordered to be freely inhaled.

On the following morning there was no perceptible improvement, although it could not be said that there was an increased difficulty in respiration. A few small spots, however, could be seen upon the left tonsil, having the appearance of approaching ulceration rather than of diphtheria. The same general condition was maintained during the forenoon, but during the afternoon there was a gradual change for the worse, and by ten o'clock it became apparent that more radical measures must soon be adopted.

At five o'clock A. M. of the following morning I was hastily summoned, and at eight o'clock Drs. W. A. Briggs and W. H. Baldwin were called in consultation at the request of the parents, when it was decided that tracheotomy offered the only hope of saving the life of the child. The operation was accordingly performed, and in a few moments the child

breathed freely, there being no evidence of diphtheritic deposit at or below the point of insertion of the tube. The constitutional and local treatment already described were continued, with the exception of the substitution of the inhalation of lime water by means of the atomiser for the fumes of unslacked lime, and with but slight interruption the case progressed favorably until the eighth day, when the tube was removed on account of the irritation it occasioned in the trachea, and because it was observed that a small amount of air could be forced through the larynx during expiration.

On the ninth day after the operation the right nostril was observed to be filled with characteristic diphtheritic deposit, and upon the following day a deposit of like character was seen in the left nostril, both of which yielded to appropriate treatment in four days. The edges of the wound slowly coalesced, as the deposit in the larynx softened and admitted of natural respiration, and on the morning of the fourteenth day no air could be observed to pass through it.

This case, it occurs to me, presents several points of special interest, for at no previous time during my professional career, of nearly thirty years, had I entertained any doubts of the identity of membranous croup and diphtheria, nor had the gentlemen who were in consultation with me; yet here was a case in which there had been little or no constitutional disturbance, and in which a few small suspicious looking patches upon one tonsil, which readily disappeared after two or three applications of a preparation of subsulphate of iron, carbolic acid and glycerine, were the only evidences of diphtheria that could be observed. The appearance, however, of the deposit in the nostrils, and the subsequent development of paralysis of the muscles of deglutition left no doubt upon our minds that we had been dealing with diphtheria, and that however much the clinical symptoms may differ, histologically and anatomically diphtheria and membranous croup are identical.

On this subject Jacobi says: "It is just as little possible to differentiate these diseases according to the seat of the morbid product, as it is justifiable to deny the title diphtheria to membranous pharyngitis when few general symptoms such as fever, debility, and collapse happen to be present." And Senator says: "These diseases differ in degree, although identical in character."

Another point of much interest appeared to have been well illustrated in this case, viz.: the local nature of the attack. The child had been observed to be croupy, and unable to make distinctly audible sounds for several days; no febrile manifestations whatever were present until some time after I had seen him, and then to a very slight degree, and the evidences at all times pointed to the vocal cords as the original and principal seat of the membranous deposit. In view of these facts can it be imagined that the local deposit was but the expression of the constitutional taint, as maintained by some members of this society? Most assuredly it cannot; for let it be recollected that these cords are covered with pavement epithelium; that they possess neither muciparous follicles nor lymphatic vessels, and that, consequently, no constitutional or general infection can take place so long as the deposit is confined to them. The converse must also hold good, for it is inconceivable that such tissue would be selected by the processes of nature when the entire mucous tract of the system presents such inviting soil for the development of the morbid product. In the case under consideration there was *no* evidence of general taint for a considerable length of time after the presence of local trouble became manifest, and then only in a very slight degree, and probably not at all until the deposit had extended to a point in the pharynx in which lymphatics exist. The truth doubtless lies between the two propositions, the disease having sometimes a local and at others a constitutional origin.

It is also worthy of observation that the onset in this case took place at a period when we may be said to have been near the close of a mild epidemic of diphtheria, and that that condition of atmosphere which favored the development of the disease in its severer forms had passed away, thus rendering the virus less active and the individual less susceptible. It should also be remembered that "one of the pathognomonic symptoms of diphtheritic laryngitis is the relative *absence* of fever, and that sudden attacks of croup, with high temperature—provided there is no pharyngeal or other diphtheria present—yield a good prognosis; without much fever, a very doubtful one."

OBSTETRIC MEMORANDA.

ABSENCE OF LIQUOR AMNII.

Mrs. —, primipara, aged twenty-seven, has been married seven years. In June, 1887, was engaged to attend her in confinement. She dated the cessation of last menstruation October 11, 1886. I told her she might look for her accouchement on or about July 15, 1887. Time passed till July 24th, when, at 7 A. M., I was called out into the country five miles to see my patient.

Upon examination, found head engaged in pelvic brim, os dilated to about the size of half a dollar; could feel the membranes, but was unable to distinguish any water; pains about an hour apart, weak and ineffective; no backache; allowed patient to get up and walk about, and assume any position which afforded comfort. At 6 P. M. pains more frequent, no advance of head, os dilated to size of a dollar, membranes still covering, presenting head, but no bag of water; gave $\frac{1}{2}$ gr. morphia sulphate in $\frac{1}{8}$ gr. doses, between 6 P. M. and 7 o'clock next morning. This relieved the suffering and allowed some rest during the night, pains being less frequent and although stronger still ineffectual. At 8 A. M. os double size of previous evening, head a little lower, membranes had receded from touch.

On inquiry, as to what time the water came away, I was informed it had not escaped. I also learned that patient had not felt quickening till about end of sixth month; from that time she felt slight foetal movements, which would occasionally be absent for three or four days. Six weeks previous to onset of labor a vaginal discharge began which at times would be watery, at others milky, varying in consistency and appearance. For the last few days there had been very little discharge. Upon palpation the foetus imparted the sensation of a dead weight instead of the normal sensation when floating freely in the amniotic fluid.

From the above facts I concluded that the long-continued vaginal discharge was the liquor amnii escaping, which accounted for its absence and the tedious nature of the case.

Morphia still required occasionally; at 1 o'clock pains were weak, ineffectual, and cramp-like; at 2 P. M., there being no change for the better, I concluded to deliver her, as she was growing weak, and I feared that the long-continued pressure

of the foetal head might be followed by sloughing. When fully etherised I applied the forceps (Simpson's long) with the blades to side of foetal head, and delivery was effected without much trouble. The cord was twice around the neck. This being released there was some delay in delivering the shoulders. The child was apparently dead, but after a faithful trial of artificial respiration it breathed freely. After waiting forty-five minutes and trying external manipulation with slight traction on the cord, I introduced my hand and found the placenta firmly adherent to the fundus; having peeled it off it was easily removed. Gave patient half drachm fluid extract of ergot, which was repeated twice daily for four days, during which time she had two antiseptic vaginal irrigations daily. On the third day the temperature reached 99.50, but was normal next day. Mother and child have done remarkably well.

How fortunate are our city colleagues who can have consultation in cases that are the least serious, and so share the responsibility; but in country practice we cannot always have consultation when we would like it.

Lower Lake, Cal.

M. A. CRAIG, M. D.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.,

SALPINGITIS.—M. CORNIL read a report relating to a work by M. Terrillon, based upon four observations of inflammation of the uterine annexæ, and upon laparotomy performed in each of these cases. He admits, with M. Terrillon, the existence of vegetating catarrhal salpingitis, purulent salpingitis, salpingitis with hæmorrhage, and tubercular salpingitis; M. Cornil would add blenorrhagic salpingitis to these varieties. The tube is nearly always more affected than the ovary. In the cases observed by M. Terrillon, the lesions were actually begun by pelvic peritonitis, and were characterized by vegetating, chronic, catarrhal or purulent salpingitis, or by hæmorrhage, with peritoneal obstruction of the tube. The operation is then indicated by loss of function of the ovary and the tube.—*Progres Medical*, July 30, 1887.

ACCIDENTS FROM INTRAUTERINE INJECTIONS DURING THE PUERPERIUM.—1. After a normal pregnancy and delivery, Mrs. B— passed an easy night, and at nine the next morning everything was going well. I gave her, however, an intrauterine injection of Van

Swieten's solution, 1:4. The liquid returned well and I left the patient in a satisfactory condition. Half an hour after, she was seized with a chill, bilious vomiting and pain in the loins and abdomen. I prescribed iced champagne with extract of opium hourly. At three o'clock the condition of the patient had improved, but her pulse was still 120. At nine the next morning the patient was comfortable, and there remained but slight sensitiveness of the abdomen. I repeated the intrauterine injection with the same precautions and the same solution as previously, and with the same result—malaise, chill, vomiting, abdominal pain. Two days later the patient was convalescent.

2. The morning after an easy instrumental delivery Dr. Roulin administered an intrauterine injection of Van Swieten's solution, 1:4. The liquid returned freely, and the patient complained of neither pain nor malaise. The following morning a canula of small calibre was introduced with ease, but as the solution did not return this canula was withdrawn and a larger one inserted. Still the solution did not escape freely; suddenly the patient was taken with violent pain in the abdomen. The canula was immediately withdrawn, but the pain increased in severity, occupying the left iliac fossa especially. Slight retching without vomiting. Opium with poultice to the abdomen. The pain was increased with slight pressure, and persisted until eleven o'clock without remission. From this time the pain became intermittent and less severe, and by evening it had nearly disappeared. The patient recovered without further accident.

3. The day following delivery Mrs. G—— was in a most satisfactory condition. Nevertheless, I gave her an intrauterine injection—Van Swieten's solution, 1:4 with Budin's canula. During the manipulation the patient was suddenly seized with pain in the abdomen. I discontinued the injection at once, and yet she writhed in colic all the rest of the day, without tympanites, without suppression of the lochia, without diarrhoea, without chill. The next morning the symptoms were entirely relieved.

4. In the case of Mrs. Q—— I was obliged to use the forceps on account of inadequate uterine contractions. After delivery she seemed in perfect condition, except that her pulse was slightly accelerated and her face slightly flushed. Next morning, notwithstanding these symptoms had entirely disappeared, and the patient was in perfect health, I administered an intrauterine injection—this time, however, with a solution of chloral, 1:100. The liquid returned by the canula freely and brought with it a large clot. The operation was scarcely over when the patient complained of violent pain in the loins and abdomen, of faintness and blindness. These symptoms quickly subsided, but returned in half an hour, when a severe chill set in. The pulse was frequent, the temperature 39.5°. The pain soon subsided again, and the temperature gradually fell and became normal on the sixth day.

From these observations it follows: That intrauterine injections may produce accidents, since the outset the course and the termination of the cases described are not consistent with any other explanation. That these accidents are characterized by chill, vomiting and abdominal pain. That these symptoms may all be present in the same case, or that one or more may be absent; and that in duration, intensity and course they are variable. That hitherto these accidents have always had a favorable termination. That they are independent of the nature and quantity of the liquid injected. That they seem due to the introduction of the canula, and may be compared to those observed after catheterization of the urethra or of the uterus. That in the cases whose history I have reported, these symptoms have occurred *nearly* always—perhaps *always* in women tainted more or less remotely with rheumatism; that this is, however, a mere coincidence. That for these reasons it seems wise to restrict the use of intrauterine injections to cases in which they are positively indicated.—L. ROULIN in *L'Union Médicale*, Sept. 3, 1887.

THE TREATMENT OF VAGINISMUS.—DR. MADDEN regards vaginismus, in the majority of cases, as the local expression of a general neurosis, or of hysteria. In rare cases only is there a pathological condition of the pudic nerve. His treatment consists of warm baths, vaginal injections, the local application of a five per cent. solution of cocaine or of carbolic glycerine (5-100), or the introduction of cocaine or belladonna suppositories. In only one-tenth of his cases was he compelled to adopt operative measures. These consist of forcible dilatation, repeated if necessary, and, if this fails, of Sims' operation.—*Dublin Journal Medical Science*.

TREATMENT OF PROLAPSE OF THE RECTUM IN SMALL CHILDREN — DR. BETZ ("Memorabilien," xxxi.) recommends the following treatment, with which he has been successful in a case that had resisted all other measures: Apply to the prolapse a solution of argent. nit. (1) in arth. sulph. (5) and spirit. vin. (25); replace the bowel and introduce a pencil of alum; press the nates well together, and apply adhesive strips to prevent the return of the prolapse. Control tenesmus by opiates and meagre diet.—*Schmidt's Jahrbuecher*, Bd. 214, Hft. 6.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

TWELVE FOREIGN BODIES REMOVED FROM STOMACH AND INTESTINES BY GASTROTOMY AND ENTEROTOMY.—DR. RADESTOCK reported the following operation, which had been performed by Setzner. A twenty-two-year-old criminal, who had survived a previously attempted suicide by opening the veins of his arm, swallowed, on the 10th of November, 1886, a piece of glass five fingers in length, and a piece of wood, from the window-frame of his cell, ten fingers long

and as thick as the thumb. Several days later he had pain, constipation and vomiting. Sixteen days later the foreign bodies were detected in the abdomen. On the 8th of December laparotomy was performed. The fingers introduced into the abdominal cavity came in contact with intestine, tense and filled by foreign bodies, which extended for 25 cm. and felt as if pressed against each other. The foreign bodies were removed through an incision 4 cm. long, which was then intimately united. Foreign bodies were also felt in the great curvature of the stomach. The laparotomy wound was then united and gastrotomy performed. An incision six cm. long close to the border of the ribs was made, down to the stomach, and the great curvature opened by a cut four cm. in length. Six pieces of wood splinters were extracted. Fragments of glass were not found either in stomach or bowels. The wounds in the stomach were united. Good healing followed. Soon after discharge the patient again swallowed wood splinters, which were felt in the abdomen. The old laparotomy wound was reopened, and also the intestine which was highly inflamed and thinned by the foreign bodies. It contained three pieces of fir wood, $9\frac{1}{2}$, 10 and $10\frac{1}{2}$ cm. long and as thick as a finger, one of which was wound with twine. The wound united and resulted in perfect recovery.—*Arch. f. klin. Chir., Schmidt's Jarbuecher*, Bd. 215, Hft. 8.

CHRONIC HYDRARTHROSIS CURED BY IRRIGATION WITH CARBOLIC SOLUTION.—DR. L. MICHALSKI describes a case which he treated in this manner, as follows: The patient, a soldier, aged 24 years, had a large swelling of the right knee; he had been two months in hospital at Nancy, where he was treated with counter-irritants and vesicants, the joint being twice aspirated. These means having failed, a plaster bandage was applied and kept in place for ten days. When first seen (April 24, 1886) there was considerable swelling, but a certain degree of mobility was still possible. The failure of all measures so far suggested a repuncture, followed by injection of iodine, which was at first accepted, but subsequently, yielding to the advice of friends, he refused to submit, and for two months, during which time he was not under observation, adopted various measures which were recommended to him.

He was next seen on June 15th. The disease had increased and the swelling had attained enormous proportions, extending from the lower third of the calf to the external aspect of the thigh above, and measuring over 20 cm. in circumference at the knee. His general condition was bad. He had fever, loss of appetite, and slept badly. On the 17th the cavity was aspirated at the external aspect of the thigh, withdrawing a litre of thick fluid of a reddish brown color; this was followed by an injection of iodine (tincture of iodine, distilled water aa. 250 gm.; iodide of potassium, 10 gm.) the joint was fixed in a dressing of antiseptic wool. His condition being most satisfactory, he was not seen until the 24th, when it was found that

he had been worse for the two previous days. He presented all the phenomena of septic infection; the pulse was so frequent that it was impossible to count it. The wound from the trocar had not closed, and an unhealthy sero-purulent discharge escaped from it. The cavity was at once irrigated with carbolic solution, about two per cent., until the fluid emerged clear. The pulse diminished in frequency almost immediately, and was estimated at 140. An anti-septic dressing was applied and quinine given internally. Next day the patient was better; pulse 120; same treatment continued, the injections being given morning and evening. On the 26th his condition was satisfactory: appetite returning, pulse 100. June 28th the patient continued to improve; the injections were given regularly twice daily, and to facilitate the process a counter opening was made on the internal aspect of the leg and a drainage tube inserted. Recovery continued without any incident; the fever disappeared, appetite returned and the patient got up, the quantity of fluid employed being decreased daily. He was last seen July 19th, and returned to his regiment on the 15th of October.—*L'Union Medicale*, August 18th, 1887.

A CASE OF HERNIA WITH FÆCAL ABSCESS.—DR. A. GONDOUN reports a case of obscure origin, which was followed by rapid recovery. On May 17th, 1887, he was called to see a woman, aged 77, who had been suffering from pain in her right groin for fifteen days. On examination an inflammatory swelling, about the size of a large hen egg, was found. The tumor occupied the crural region at the usual site of crural hernia. The surface was covered with a thin, dry eschar, about 5 cm. in diameter. This was surrounded by reddened and oedematous integument; a small sinus existed inferiorly. On palpation there was a distinct sense of fluctuation with crepitation, the pressure causing a flow from the orifice of greenish foetid pus, mixed with bubbles. On removing the eschar a cavity was found, filled with greenish yellow pus and gangrenous debris, horribly foetid, apparently a fæcal abscess. On clearing the cavity of necrosed tissue and purulent matter with which it was filled, it presented the appearance of a deep excavation, the rounded and gaping orifice of which was almost 5 cm. in diameter and occupied the crural region on a level with the cribriform fascia, which was entirely destroyed. The cavity corresponded to the infundibulum, the cellular tissue and glands of which had completely disappeared in the process of necrosis; at the bottom it narrowed into a funnel almost under the crural arch, and at this point was situated the fistulous orifice which allowed the fæcal matter to escape. On inquiry as to the formation of this abscess the patient stated that for a long time she had had a small hernia in the right groin. It was easily reducible. She had never worn a truss nor experienced the least inconvenience from it. For fifteen days she had noticed a slight pain in that region, and she also noticed a swelling which did not disap-

pear, and which became more and more painful. Meanwhile she attended to her household duties; there was no vomiting, the bowels were moved every two or three days, which was habitual. During the last six days the pain had become more severe, though there was still no vomiting, and the bowels acted regularly. The appearance of the tumor, and the fact that she was losing strength induced her to seek medical aid. The dressing during the first two days consisted of solution of permanganate of potash, 1-1000, and potato poultices moistened with the same fluid. The gangrenous odor having disappeared, the dressing was replaced on the third day by wadding, impregnated with bichloride solution 1-2000 covered with oil silk, irrigations with the same solution. For the first eight days the dressings were saturated with fecal matter, but the discharge gradually lessened and disappeared by the fifteenth day. Healing took place with great rapidity, and five weeks from the date of the first observation cicatrization was complete. The author, commenting on the origin of the abscess, believes that the trouble was due to a fecal accumulation in the hernia, complicated by the presence of a foreign body, as it was hardly probable that a great degree of inflammation could exist in the hernia which had always been easily reducible, and when there had never been a symptom of strangulation.

An editorial comment on the report says that while the presence of a foreign body would explain the fact of a perforation without any of the symptoms of strangulation, yet this accident usually takes place in the vermiform appendix. The commentator thinks that the phenomena in the case were due to a pinching (*pincement*) of the bowel as is sometimes seen in small crural hernias. This strangulation of a part of the circumference of the intestine is not very rare, and while capable of producing the gravest consequences, can also end in resolution by an abscess opening externally.—*L'Union Médicale*, August 13, 1887.

TREATMENT OF BURNS AND SCALDS.—The "Journal of the American Medical Association," August 20, 1887, contains the following from the "London Medical Record": PROFESSOR MOSETIG, during the last five years, has treated with iodoform forty-eight severe cases of burns and scalds with the most satisfactory results. The danger of iodoform intoxication in burns, he believes, is merely theoretical, as neither he nor others who treated burns with iodoform had, when using certain precautions, ever met with bad concomitant effects. The action of iodoform is two fold; it is both analgesic and antiseptic. The patients, according to Dr. Mundy's experience, which Prof. Mosetig fully confirms, obtain ease a few minutes after the application of iodoform to their burns, and are soon fit to be moved. The patients in Prof. Mosetig's wards repose quietly and without pain, in their beds; they recover more rapidly with only moderate and consequently less exhausting discharges, and with smoother cicatrices, than those differently treated; and if there is no possibility of sav-

ing the life, euthanasia is at least secured. Iodoform, although inert against the dangers of life from oligocythæmia and nervous shock, guards against the dangers of sepsis. Prof. Mosetig uses iodoform in limited quantities only. He usually does not employ the powder; when used he distributes it in a thin layer by means of an insufflator on those places where the integument has been burnt in its whole thickness. As a rule, he covers the injured parts directly with compresses of iodoform gauze. The gauze is prepared by immersing the purified gauze in an ethereal solution of iodoform. After opening and excising the vesicles, and cleansing the surface with cotton wool, he covers the wounds with dry compresses, consisting of several layers of the gauze, of sufficient size to cover exactly the affected surface. Over this is laid a piece of gutta-percha tissue, not larger than the compress. The whole is enveloped in a generous layer of absorbent cotton, which is held in place by a carefully adjusted roller. This simple dressing is allowed to remain without change as long as possible, *i. e.*, as long as cleanliness permits, and no rise of temperature takes place.

[At the S. P. Co.'s Hospital this plan has been pursued for some time with uniformly excellent results.—H.]

TISSUE RESISTANCE AND ANTISEPTICISM.—The "British Medical Journal" of August 6, 1887, contains EDWARD HAMILTON's address in surgery, entitled, "Tissue Resistance and Antisepticism," delivered before the recent meeting of the British Medical Association, of which the following is an abstract: "He who writes the history of the surgery of this Victorian era will find one or two cardinal facts of such vast and stupendous proportions as to dwarf all others in the influence which they have exercised on our surgical work. *Facile princeps* among these is the method known as the antiseptic system, still enveloped in clouds of uncertainty and misconception, notwithstanding the work which so many eager and enthusiastic inquirers have bestowed upon it, far indeed removed from any approach to finality. It may not be unprofitable to determine what is the present actual condition of this system, and to ascertain its exact relation to our everyday work. For, after all, it must come to this important question: What help does antisepticism afford to the daily practise of surgery? No honest or impartial observer can fail to recognize, with a deep sense of gratitude, the magnificent results and the brilliant success which have attended the Listerian system—results which have led to its adoption throughout the civilized world—results which have reorganized surgical methods and given a startling impulse to the operative treatment of injury or disease. And yet with this triumphant record we find some of its most devoted adherents now relaxing the stringency of its application and abandoning parts of the system which were long regarded as essential, and that, too, without any diminution of successful results. Again, we find antiseptic precautions so little regarded, nay, almost set at

nought, as to prompt the ovariologist to flush the peritoneum with water containing *germs and spores and thirty different kinds of beasts*, and yet point to a continuous record of success, little if at all inferior to the more complex method. After reviewing at some length the accepted theories concerning the existence of micro-organisms and the relation they bear to living and dead tissues, the author says: If the history which I have endeavored to sketch be true, it must commend itself to the ordinary understanding that it is our duty to destroy and exclude them from the body with all the care we possibly can, and if the means adopted for that purpose, call them Listerism, antisepticism, surgical cleanliness, or by what name you will—turn the scale a feather weight in favor of restoration to health or saving the life of a single human being—the man who refuses to employ them through prejudice or apathy incurs a responsibility nothing short of criminal.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

BICHLORIDE OF MERCURY IN INFECTIVE CONJUNCTIVITIS.—From clinical studies by PROF. QUATA.—In blenorrhœa neonatorum he uses a solution of nitrate of silver applied to the everted lids with a brush in the morning, washes the eyes out with a sublimate solution (1:7000) every two hours during the day, applying a sublimate (1:400–500), according to the condition of cornea, with the brush at night, and washing out the conjunctival sac again during the night. If the character of the disease has become milder after eight or ten days the nitrate solution can be weakened and the sublimate solution used less frequently. In conjunctivitis blenorrhœa, in grown people, he uses the bichloride solution (1:400) to the lids with a brush, combined with dusting, with iodoform powder, and binds the eyes with iodoform bandage. For prophylaxis against blenorrhœa neonatorum he uses a 1:500 solution of bichloride of mercury instead of nitrate of silver. In croupous and diphtheritic conjunctivitis, where sulphate of copper is contraindicated, the doctor uses a 1:400 solution of sublimate.

In granular conjunctivitis, in the simple form as well as in the classical trachoma, he finds the sublimate almost a specific. It destroys the lymphoid infiltration and retards the growth of new pathological follicles. The mucous membrane will thereby be protected from the further progress of the disease. It also assists in sterilizing the mucous secretions and thus lessening its contagiousness. In follicular conjunctivitis, one application daily with the brush, of a 1:500 solution and the use of 1:7000 solution applied two or three times a day with cloths. Later the applications can be weakened, and finally a solution of sulphate of zinc substituted. In genuine chronic trachoma, without severe corneal complications and intercurrent inflammatory attacks, one can radically cure the patient in three

months by daily use of a 1:400 sublimate solution and 1:7000 of the same applied a few times during the day by wet cloths. After a few weeks, weaker solutions can be used, and less frequently. The treatment is well borne even in corneal complications. In large granulations the application may be preceded by scarification of the conjunctiva.—*Annali di Ottalmologia. Centralblatt f. Augenheil.*

THE INFLUENCE OF SOUND AND VIBRATIONS OF THE TUNING FORK UPON THE EYE.—At the last Russian Medical Congress M. STEIN communicated the results of a series of experiments with prolonged action of the tuning fork in reference to provoking degenerative changes of certain tissues. As a unique result of his experience the speaker mentioned the more or less rapid production of cataract. These peculiar phenomena are not the result of sonorous vibrations transmitted through the central nervous system, as they are produced quite as rapidly when the internal ear is destroyed. They are, according to M. Stein, the result of the loss of heat, which is produced by the vibration of the tuning fork. These experimental cataracts disappear after a certain time and can be reproduced in the same animal.—*Revue Clinique d'Oculistique.*

MONOLATERAL MYDRIASIS.—This disease, coming on without a known cause, is ordinarily dependent upon a uterine lesion, and more particularly on uterine fibroma. One can almost consider this symptom pathognomonic of that lesion. I am not aware that any one has called attention to this fact; it is many years since I have observed this coincidence. This nervous and reflex mydriasis which exists with or without paralysis of accommodation is always monolateral. It exists most frequently in women from twenty to thirty years of age, and it occupies the principle place among causes of monolateral mydriasis if we except the cases where mydriatics have been employed. Next in frequency come syphilitic and rheumatic mydriasis. I frequently observe monolateral mydriasis following the concussion of a blow upon the eye, and have seen it once produced by radiated heat after using red hot iron. Independent of treatment directed to the uterine lesion, I have in several cases in which eserine had failed, obtained complete recovery from injections of strychnine in the neighborhood of the eye.—DR. MANNHARDT in *Klin. Monats. f. Augenheilkunde. Rev. Clin. d'Oculistique.*

NOTES ON SIMPLE TREATMENT OF PANOPHTHALMITIS.—M. CHIVERT recommends the following method for shortening panophthalmitis from observation of eight cases: broad incision of cornea with flap downward, opening of capsule and extraction of lens. As soon as the discharge of pus ceases, all parts infiltrated with matter are removed with iris forceps, and intraocular irrigation with a sublimate solution of 1:2000. The two following days the irrigation is repeated, when the bandage is changed, and on the third day the patient can be discharged.—*Arch. d'Ophth. Archives of Ophth., Sept., 1887.*

IODOL; AN EFFECTIVE SUBSTITUTE FOR IODOFORM.—Iodol is very rich in iodine, containing only seven per cent. less than iodoform, but parts with it more readily than the latter substance. No toxic symptoms follow its constant use, and it is, therefore, preferable to iodoform, and also because it is quite as effective, and further, possesses neither smell nor taste. It is one of the best applications for ulceration of mouth, pharynx, larynx, and nose, ozæna, scrofulous ulcerations, specific conditions, etc. The author can confirm the statements of Lublinski, that the ulcers of phthisical laryngitis will heal completely under daily insufflations of iodol. He uses the following preparations:

1. Insufflations of the pure powder. It is more important to cover the diseased surface than to measure the dose.
2. Mezzoni's solution; iodol, 1 part; alcohol, 16 parts; glycerine, 34 parts—a useful brush application, or coarse spray.
3. Iodol, 1 drachm; glycerine, 1 drachm; vaseline, 7 drachms—a brush application.
4. Pastilles of iodol; Iodol, 1 grain; glycerine, 1 minim; glyco-gelatine, 18 grains. These are preferable to iodoform pastilles, and are most serviceable of all for pharyngeal conditions.
5. Iodol, 1 drachm; ether, 1 ounce—a spray or brush application.
6. Iodol bougies containing $\frac{1}{2}$ grain iodol in each, for nasal conditions.
7. Iodol wool, ten per cent. for tampons, etc.
8. Iodol gauze for dressings.

Iodol possesses all the properties of iodoform, is antiseptic, anæsthetic, a promoter of granulation and healing, arrests suppuration, deodorizes foul secretions, and is to be preferred to iodoform on account of its slight but pleasant odor and the absence of taste. Its effects are quite as rapidly obtained.—M. R. NORRIS in *Practitioner*.—*Journal of Laryngology*.

QUINSY.—DR. EASBY, in a paper read at the February meeting of the Cambridge Medical Society on "Quinsy and its Treatment," after speaking of the old methods of antimonials, free purgation, complicated gargles, leeches and blisters, advised the use of aconite, given according to Dr. Ringer's method, or from ten to fifteen grains of salicylic acid or salicylate of soda given every two hours, which had invariably given speedy relief. Gargles were strongly condemned as both useless and cruel to the patient. As a local application, he had found that a powder consisting of equal parts of tannin and iodoform puffed on the swollen tonsils gave great relief to pain.—*Journal of Laryngology*.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.

RECENT IMPROVEMENTS IN THE THERAPEUTICS OF THE SKIN.—DR. G. P. UNNA, in his address before the British Medical Association, calls attention to the increased absorptive powers of the diseased over the

healthy portions of the skin. To the superstition, that, in certain diseases of the skin, drugs are powerless, when the fault lies in the lack of proper applications of the drugs. To the fact that the acid and alkaline keratolytic agents, as salicylic acid on the one hand and caustic potash on the other, instead of being rivals are merely complimentary to one another. To the utility, as a means of treatment, of sprays, particularly of the oleates dissolved in ether, a field of dermato-therapeutics sadly neglected. To the mistaken idea that waterproof coatings present an insuperable obstacle to the watery vapor; and yet he admits that it would be inadvisable to completely shut up any large portion of the skin with glass or metal, since, by so doing, we would compel too great a compensatory effort on the part of the kidneys. He dwells upon the well known action upon the skin of an impermeable covering as gutta-percha. The skin becomes transmuted into a mucous like membrane; the centrifugal stream of secretion experiences a considerable obstacle by which the centripetal or absorptive stream is increased. Hence, if we wish the strongest and most rapid absorption of a given drug, we must use it on the skin under an impermeable covering. On the other hand, the least absorption of a given drug is procured by the use of pastes, gelatines and powders, for by their application the centrifugal, or stream of excretion, is increased in volume. The gelatines are recommended highly in all erythemas caused by (artificial) irritants, whether accompanied by oedema or not. Again the gelatines are of value in protecting those parts of the skin which we wish to preserve from the action of plaster mulls; as, for instance, the tissues surrounding corns or patches of lupus; and also to cover up the odor of unpleasant preparations as iodoform, balsam of Peru or tincture of tar. The glycerine gelatines, as a class, are contraindicated whenever a high temperature is present, or when sweating is profuse. The pastes are then preferable.

In regard to the second division of the new methods of dermato-therapeutics, the salve mulls, Unna remarks: that the more inflamed and obstinate affections, particularly chronic localized eczema, in all its forms, especially the eczema of children, make up the largest contingent for the treatment by salve mulls. In defining the third division or plaster mulls, he begins by describing what they are not. They are not made and recommended by non-medical people, who have no idea of medical workings and the power of drugs, and who do not offer the slightest guarantee for the contents of the plasters. On the contrary, the plaster mulls have both the nature and quality of their contents properly prescribed by the medical man, and made up under a strict guarantee by a competent pharmacist, thus insuring accuracy in purpose. Again there is the entire absence of irritating bases so often found in the common plasters, as resin, turpentine, etc., the bases found most suitable for these plaster mulls being the purest India rubber, and the purified

oleate of aluminium. The strength of medicinal agent in this form of application (the plaster mull) is estimated by the amount which is spread on a unit of surface. Of these plaster mulls Unna refers especially to the mercury carbolic acid mull which he regards as of special value in all kinds of boils, abscesses, phlegmons, whitlows, parasitic sycosis, and buboes. Applied early, they have an abortive influence on suppuration; later, they ripen the process quickly, bringing about a painless opening of the abscess and promoting the closure of the wound.—*British Medical Journal*, August 27, 1887.

PERCENTAGE OF STERILITY AMONG MEN.—KEHRER, of Heidelberg ("Weiner Presse," July 10, 1887), has examined 96 men as follows: Impotent, 3; having semen containing dead spermatozoa, 29; deficient spermatozoa, 11; excessive spermatie secretion, 53. The percentage of sterility is thus 33.32.—*Medical Times*.

CYANIDE OF ZINC IN CARDIAC AFFECTIONS.—PROF. LASHKEVITCH finds that cyanide of zinc, or, as he terms it, "zincum hydrocyanidum sine ferro," has a peculiarly beneficial action on cases of palpitation and pain in the region of the heart, with want of proper rythm both when valvular disease is present and also when the symptoms depend on some neurosis. In the latter case, however, the action is more marked. In cases where digitalis, convallaria and other drugs commonly prescribed in cardiac affections, appear to irritate the abdominal viscera, cyanide of zinc has shown itself particularly valuable. The dose is one-tenth to one-eighth of a grain (the Russian grain is .96 of an English grain). This quantity is usually ordered three times a day. A very few doses usually produce a perceptible effect.—*British Medical Journal*, August 20, 1887.

COCAINE IN DIABETES.—DR. E. V. WELLER writes in the "Medical and Surgical Reporter," August 27, 1887, of the value of cocaine in the polydipsic symptoms of diabetes. In the case recorded two drops of a four per cent. solution were given every three hours. In a few days the polydipsia disappeared, and the urine became almost normal in quantity.

LARVÆ IN THE HUMAN SKIN.—DR. MATAS, of New Orleans, reports an interesting case of an Englishman lately from Spanish Honduras, who, some weeks before, had been stung in three places. At the time of writing, these wounded portions of the skin had become inflamed and elevated, measuring one and one-quarter inches in diameter, with an elevation of a quarter of an inch. The removal of the larvæ was accomplished by excision and digital expression, and the furrow was found to be oblique in its direction. The size of the larvæ was about four or five mm. in length by one and one-half in breadth. A curious feature of this form of larval swelling is that on the most prominent part of the tumor there is a central orifice which becomes larger as the swelling progresses, affording a

means of respiration for the imbedded insect. The borders of the opening are usually incrustated with dessicated pus. When the larva has fully gorged itself with the pus its own presence has created, and when it approaches the time for its transformation into a chrysalis, it retreats backwards; its posterior extremity projects beyond the orifice; the whole body soon follows and then drops on the ground to complete its metamorphosis on the earth or preferably on the dung of its victim.—*N. O. Medical and Surgical Journal*, September, 1887.

ACID CALCIUM PHOSPHATE TREATMENT OF TUBERCULOSIS.—FREUND gives the following formulæ as used by Kolischer.

For hypodermatic injections, calci phosphorici neutral, 5 parts.
Aque distil. 50 “

Add phosphoric acid until a perfect solution results; filter; add—

Acid. phosphor. dil. $\frac{6}{10}$ parts.
Aq. distillat. q. s. ad. 100 “

For an escharotic effect upon tuberculous ulcers and indolent granulations, the following is used:

Calci. phosphorici neutral. 50 parts.
Aq. distillat. 500 “

Add phosphoric acid until a perfect solution is obtained; filter; add Acid, phosphor. dil. 60 parts.

Aq. distillat. q. s. add 1000 “

Gauze may be soaked in this fluid and used in dressing tuberculous fistulæ and pockets.—*Wein. Med. Presse.—Medical News.*

A DIABETIC PILL.—“*Les Nouveaux Remèdes*,” quoting from the “*Archives de Pharmacie*,” says that Dr. VIGIER proposes to replace the lithiated arsenical water which Martineau has recommended in glycosuria of rheumatic origin, by the following pill:

Lithia carbonate, .10 gm.
Soda arseniate, .003 “
Extract gentian, .05 “ M.

Make one pill. A pill to be taken morning and evening, and continued even after the sugar has disappeared from the urine. Dr. Vigier considers the pills to be a more practical method of administering the drug than the bulky water, which may not always be at hand.

RED OXIDE OF MERCURY AS A FURUNCULAR ABORTIFACIENT.—DR. G. JORISSENNE recommends (“*Annales de la Société Médico-Chirurgicale de Liège*”) an ointment of the red oxide of mercury in the treatment of this troublesome affection. In 1881 he had used injections of a two per cent. solution of carbolic acid, but he regards this method as painful, and, where there is a number of furuncles, dangerous. For five or six years he has used the red precipitate in the treatment of styes. He usually prescribes an ointment, of lano-

line 10 gm., red precipitate 10 cg., rubbed lightly on the palpebral margin. He regards the morbid process in a boil as similar, and uses the same treatment with complete success. He rarely increases the strength of the application unless the furuncle is well advanced. He has seen small furuncles rapidly disappear after a single inunction of three or four minutes' duration, and large furuncles, measuring more than 2 cm. in diameter, have been aborted in one day after several inunctions.

IRON-ALUM IN GONORRHŒA.—The "Virginia Medical Monthly," speaks, editorially, of the value of Seven Springs, Va., iron-alum mass in the treatment of gonorrhœa. After eighteen months' experience, the writer concludes that it far exceeds any of the vaunted "specifics." It can be used in any stage of gonorrhœa or gleet. In forty cases there was only one decided failure. The quantity used is "about the equivalent in mass of two or three compound cathartic pills, in capsule three or four times daily." If this acts too freely on the bowels, diminish the dose so as not to induce more than two stools in twenty-four hours. If there is not at least one soluble stool a day, increase the dose slightly. Headache or "swimming sensations" can be averted by sodium bromide. If preferred, the mass is readily soluble in water.

MEDICINE.

TWO CASES OF ENDOCARDITIS DUE TO BLENNORRHOEA.—An officer, 32 years old, acquired gonorrhœa on March 22, 1886. Four years previously he had suffered from a similar attack. On April 17th, he was taken with chill and fever, general malaise and a sensation of pressure about the heart. These unpleasant symptoms continued during the next few days with a moderate degree of fever. Increased intensity of heart pulsation, normal area of dulness, slight systolic murmur at apex of heart, slightly irregular pulse. The patient was improved on the 24th. The flow ceased, the heart murmurs disappeared, the pulse became regular. During the following week the urethral discharge was arrested, and the patient had recovered in every respect. The second case was a man who had been suffering from gonorrhœa and had mitral insufficiency. He said that he had been suffering from the urethritis for three weeks, and also had had inflammation of the heart. No other explanation for the abnormal heart condition could be found but the gonorrhœal inflammation. In neither case were there joint complications.—*Muench. med. Wochenschr.*—*Schmidt's Jahrbeucher*, August, 1887.

A CASE OF FEIGNED DISEASE IN A CHILD OF TEN YEARS.—DR. ANTONIN MARTIN reports a case in which he was called to treat a boy, 10 years of age, who stated that his school master had kicked him in the right groin four days previously. Dr. Martin found the

patient suffering acutely, his features being pale and contracted. Without examining the parts his parents had applied poultices, but his sufferings becoming more acute, medical aid was sought. No trace of ecchymosis could be found on the affected part, but a very decided paraphymosis was discovered. The prepuce formed an enormous hood red, shining and very painful behind the swollen glans. Gentle attempts at reduction were made, but the child was intractible as the suffering was severe. In the absence of assistance operation was deferred to the following day. A fomentation of marsh mallow and poppy was ordered; with inunctions to the penis of an ointment of cocaine (1 in .25:10); and syrup of chloral. The following day the child was suffering less. Under chloroform, having first coated the glans and prepuce with a strong ointment of cocaine, reduction was promptly effected by Alphonse Guérin's method. Next day the little patient was quite happy, the swelling and pain of the prepuce had almost disappeared. Inquiring, under threat of sending him to the hospital, Dr. Martin ascertained that there was no truth whatever in the alleged assault, the accident occurring, as often happens in children, from the prepuce having been retracted and allowed to remain until swelling prevented its reduction.—*L'Union Medicale*, August 6, 1887.

TREATMENT OF DIPHTHERIA.—DR. J. SIMON—Applications repeated every hour or every two hours with lemon juice, simple or aromatic vinegar or even pure wine or with a very dilute solution of perchloride of iron or lemon. The patient, if of sufficient age, to gargle with one of the following solutions: boracic acid, 4 per cent.; lime water; vinegar and water; solution of chlorate of potassium, 4 per cent. If the patient is too young to use a gargle, use lukewarm irrigations with a litre of dilute lime water or one of the preceding solutions. These bathings astringe the throat and ease the pain. On the neck to guard against congestion of the glands, apply an ointment of iodide of potassium as a resolvent; or a bandage of wadding on which has been spread an ointment of belladonna and hyoscyamus. Internally give the perchloride of iron in doses of 3 to 6 drops every two or three hours when liquid nourishment is taken. Dr. Simon uses freely, with patients over five years of age, the oleo-resin of cubebs, in doses of 4 to 6 gm., in an aromatic draught, or the following preparation given as a bolus:

Cubebs,	30 gm.
Copaiba,	60 "
Subcarbonate of iron,	4 "
Subnitrate of bismuth,	90 "

It is important to watch the temperature and ventilation of the sick chamber. The air ought to be rendered warm and moist by means of antiseptic and aromatic sprays.—*Nouveaux Remedes*, August 24, 1887.

FEVER.—PROFESSOR AUSTIN FLINT summarizes his views contained in an address on fever delivered before the Ninth International Medical Congress, in the following propositions :

1. Fevers, especially those belonging to the class of acute diseases, are self-limited in their duration, and are due each one to a special cause, a micro-organism, the operation of which ceases after the lapse of a certain time.

2. We are as yet unable to destroy directly the morbid organisms which give rise to continued fevers ; and we must be content, for the present, to moderate their action and to sustain the powers of resistance of patients.

3. The production of animal heat involves oxidation of parts of the organism or of articles of food, represented in the formation and discharge of nitrogenized excrementitious matters, carbonic acid and water.

4. As regards its relations to general nutrition and the production of animal heat, water formed in the body by a process of oxidation is to be counted as an excrementitious principle.

5. Fever, as observed in the so-called essential fevers, may be defined as a condition of excessive production of heat, involving defective nutrition or inanition, an excessive production and discharge of nitrogenized excrementitious matters and carbonic acid, with waste and degeneration of the tissues, and partial or complete suppression of the production and discharge of water.

6. Aside from the influence of complications and accidents, the ataxic symptoms in fevers, the intensity and persistence of which endanger life, are secondary to the fever and are usually proportionate to the elevation of temperature. These symptoms are ameliorated by measures of treatment directed to a reduction of the general temperature of the body.

7. The abstraction of heat by external cold and the reduction of temperature by antipyretics administered internally, without affecting the special cause of the fever, improve the symptoms which are secondary to the pyrexia.

8. In health, during a period of inanition, the consumption of the tissues in the production of animal heat, is in a measure saved by an increased production and excretion of water.

9. In fever, the effects of inanition, manifested by destruction and degeneration of tissues, are intensified by a deficient formation and excretion of water.

10. Alimentation in fever, the object of which is to retard and repair the destruction and degeneration of tissues and organs, is difficult mainly on account of derangements of the digestive organs ; and this difficulty is to be met by the administration of articles of food easily digested or of articles in which the processes of digestion have been begun or are partly accomplished.

11. In the introduction of the hydrocarbons, which are important

factors in the production of animal heat, alcohol presents a form of hydrocarbon which is promptly oxidized, and in which absorption can take place without preparation by digestion.

12. Precisely in so far as it is oxidized in the body, alcohol furnishes matter which is consumed in the excessive production of heat in fever, and saves destruction and degeneration of tissue.

13. The introduction of matters consumed in the production of heat in fever, diminishes rather than increases the intensity of the pyrexia.

14. As the oxidation of alcohol necessarily involves the formation of water and limits the destruction of tissue, its action in fever tends to restore the normal processes of heat-production, in which the formation of water plays an important part.

15. The great objects in the treatment of fever itself are to limit and reduce the pyrexia by direct and indirect means; to limit and repair destruction and degeneration of tissues and organs by alimentation; to provide matters for consumption in the abnormal production of heat; and thus to place the system in the most favorable condition for recuperation after the disease shall have run its course.

—*Medical News*, Sept. 10, 1887.

ANTIPIRYN IN MIGRAIN AND FACIAL NEURALGIA.—M. GERMAIN SEE reports his results with antipyrin in 42 cases of head pain from various causes, the ages varying from 18 to 44 years. The drug was given at the commencement of the paroxysm; 1 gm. on rising and repeated in an hour completely dispelled the attack. The remedy is administered in half a glass of water before or with the morning meal. The pain diminishes in twenty or thirty minutes. Nothing is given in the intermissions; in most persons it gradually dispels the disease. When the sufferers are subject to recurrent attacks, 1 gm. should be taken each day. In 38 of the 42 cases success was immediate and complete without any digestive, cardiac or cerebral derangement. In facial neuralgias and ties of a severe form which had existed for from twelve to eighteen years, M. See has had two cures, four improvements, which were equivalent to cures, one case only resisted treatment. The drug was given in daily doses of 5 gm. and upwards, by hypodermic injections, of the following solution: antipyrin, 0.50 cg.; water, 0.75 cg.; the addition of 1 cg. of cocaine to each syringe-ful, containing equal parts of water and antipyrin, makes the injection much more energetic.—*L'Union Medicale*, Aug. 25, '87.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: SEPTEMBER. 1887.

THE LAW AND THE ILLEGALS.

It will be recollected that about one year ago, J. H. Josse-lyn, Li Po Tai and P. R. McNulty were arrested in San Francisco for practising medicine without a license.* The charge against those first named was dismissed on the technical ground of an error in the complaint. The case against McNulty, after months of delay, reached trial in February of this year. The defense did not introduce a witness. The jury, having retired, came into Court for directions as to whether the twenty-one signs of "Doctor," which decorated the exterior of defendant's premises, constituted "publicly professing to be a physician." The Court instructed "that is a matter of fact for the jury to decide." The jury disagreed, standing eight for conviction, and was therefore dismissed.

In March another jury was impaneled and the case again tried. For the prosecution the testimony of a person for whom he had prescribed was submitted, also the fact of the numerous signs of "Doctor" without and within the building, with the general appearance of the premises, which implied that a person practising medicine was in occupation. The Court declared that it had not been proved that defendant signed himself "M. D." or "habitually prescribed for the sick," or "that he publicly professed to be a physician." The prosecution submitted decisions of the Texas Supreme Court laying down that prescribing on one occasion only, when taken with other facts, constitutes "habitually prescribing." The

* McNulty had formerly held a license from the Homeopathic Board, which was revoked for unprofessional conduct.

Court held that "it must be for the sick, and that the witness had testified that he was not sick; further, that the alleged signs only proclaim him a 'Doctor,' while he might be a horse doctor or a dentist." The previous ruling of the learned Judge, that the question of the signs was a "matter of fact for the jury to determine," was recalled, yet the Court instructed the jury to acquit, on the ground that the prosecution had failed to make out a *prima facie* case.

Defendant was again arrested in July, and on this trial was convicted, as we understand, against the direction of the Court. Application for a new trial was made and was denied, and defendant ordered to appear for sentence September 19th.* These trials were held before Police Judge F. A. Hornblower.

We are accustomed to such travesties of justice where matters involving legal technicalities are submitted to juries, but we are at a loss to understand the method of reasoning pursued by the Judge, who, on the second trial, reversed his own decision on a matter of fact, while on the second and third trials the Court (the case being exactly similar), could see his way to instruct the jury to acquit.

The defense had issued subpoenas for the attendance of sixty-eight physicians, including the leading practitioners of San Francisco, not one of whom were put on the stand. This procedure bears a striking similarity to the case of an illegal practitioner arrested at Woodland, who subpoenaed several physicians in San Francisco, and forces us to the conclusion that the object was to annoy the profession and thereby influence the case by discrediting the prosecution.

J. H. Josselyn, against whom the complaint was dismissed, on the ground of informality, has more recently been arrested on the charge of performing a criminal operation. Louisa Hagenow, who was convicted of practising without a license, and fined, at San Jose, will be compelled to stand trial on a

* A further postponement was obtained till Sept. 24th.

similar charge. During the McNulty trial it was submitted in evidence that, for a consideration, the defendant would perform an abortion.

It would therefore appear that there is a strange similarity in the ways and methods of these illegal practitioners, which should at once remove their cases from the domain of popular sympathy and class them amongst the social pariahs whose exclusion from a community is from every point desirable. The San Francisco "Daily Examiner" deserves every praise for the part it has taken in exposing these rascalities, and we trust that it will continue in the good work until the city will be too hot for this criminal class. Meanwhile the legal practitioners of the State will watch the result of these trials with interest. and though the physician is not, as a rule, a factor in practical politics, the profession will do well to note those who are in sympathy with it, and those against.

THE CONTAGIUM OF SCARLET FEVER.

The report of the medical officer of the Local Government Board, England, for 1885 (published February, 1887), contained the report of Mr. Power on the Hendon Milk Scarlatina. The matter had been discussed in several numbers of the "British Medical Journal" in 1886. Mr. Power adduced in support of his theory numerous experiments by Dr. Klein which were strongly confirmatory. The effect of this was to imply that a disease existed in cows which was characterized by local and constitutional symptoms, which disease, if not identical with scarlatina in the human system, was capable of producing it in man. The statements naturally gave rise to criticism and comment, for the importance of the connection, if proved, cannot be overrated. The preponderance of testimony seemed favorable to the discovery, and at a later date the experiments of Drs. Jamieson and Edington

("British Medical Journal," August 20, 1887), gave fresh confirmation.

Dr. George Thin, in a "Critical Review of the Contagium of Scarlet Fever" ("British Medical Journal," June 11, 1887), traverses the whole ground from the first case seen at the Hendon farm to the latest experiments, and in a very lucid and able manner, brings the question to be viewed in another light.

As many of our readers are aware, the origin of an outbreak of scarlatina in the Parish of St. Marylebone, London, in December, 1885, was traced very distinctly to the milk supplied from a farm at Hendon; and at that farm to a certain shed the cows in which were suffering from an eruption on the teats and udders. No source of contamination could be discovered, and it was concluded, after investigation, that the disease in the animals had produced, through the medium of the milk, scarlatina in the consumers.

In rebuttal, Dr. Thin cites the following facts: The three cows originally affected had been bought from a dealer who sold some cows of the same lot to two other dairies. In each instance the disease spread amongst the stock, fifty cows in one case and twenty-five in the other, being affected. The eruption was similar in all the animals affected, and at every farm the hands of the men engaged in milking the cows had been attacked by the disease. Mr. Bate, a surgeon who attended two of the men, states that in neither instance nor in other cases which he had seen, was scarlatina developed. Regarding the results from the consumption of milk from these affected cows, on both of the farms last mentioned the cows were regularly milked, the milk being supplied in one instance to four hundred customers, in the other to seventy or eighty families, yet no case of scarlatina was discovered. Dr. Thin, in commenting upon sources of infection other than the cow, states that at the time of the Hendon outbreak, scarlet fever existed in the village of Child's Hill, and that

two men employed as milkers at the infected dairy lived in this village, going to work each day. He also says, that dairymen are in the habit of adding a substance to the milk, called "color," which is mixed in by stirring with the naked hand in the milk can.

In a series of experiments performed by Dr. Klein streptococci, obtained from ulcers of one of the Hendon cows, when inoculated on calves produced a similar disease. The micrococcus was found not only in the tissue surrounding the ulcers, but also in the internal organs of two calves. Dr. Klein states that in the blood and tissues of scarlatinal patients a microbe is found which is identical with the micrococcus present in the cow. Also, that "mice or calves fed with cultures of this coccus became affected with cutaneous and visceral disease similar to human scarlet fever, and that from the blood and tissues of animals infected by these cultivations the same micrococcus was recovered."

Dr. Thin finds that there is no proof that this coccus has produced scarlatina in man, nor that the disease which it has produced in animals by inoculation is scarlatina in any form. He also finds a striking similarity between this coccus and the streptococcus pyogenes of Fluegge in its general character and mode of growth. While asserting that the crucial proof that organisms are the cause of a disease is that this disease is produced by subcultures of the organisms, Dr. Thin would, in this case, be satisfied if it could be shown that the organism was always present in the scarlatinal blood and tissues and nowhere else; but he believes that we are an immeasurable distance from this point. He admits that "it is quite clear that the organism experimented with by Dr. Klein is capable of producing metastatic inflammation in the organs, and symptoms of general blood poisoning. But these results are not peculiar to scarlet fever, although they may be found in the bodies of persons who have died of it. They are the general symptoms of blood poisoning, and modern

research shows that bacterial poisons generally underlie them."

Dr. Thin does not believe that the changes in the skin, either in color, loss of hair or desquamation can be taken as even confirmatory evidence, as each may be accounted for by other conditions. The post-mortem appearance of the kidneys in the animals experimented on were stated by Klein to "completely coincide with those in acute scarlatinal nephritis in man." Dr. Thin says that the poison of scarlatina produces inflammation in certain elements of the kidney; the micrococci employed by Klein also produced inflammation, but in neither was there any specific character, he adds, that inflammation in the kidney in animals does not identify the disease with scarlatina any more than with variola or septicæmia.

Dr. Edington describes a "*bacillus scarlatinæ*," which is present in the blood of scarlatinal patients in the early stages of the disease, and in the desquamation of the later stages, but not present here before the end of the third week. This bacillus, when inoculated in young rabbits, produced slight but well marked erythema, the cuticle afterwards desquamated and the animal had fever, the bacillus could be obtained from the animal's blood. Inoculation was fatal to a calf with sickness and fever. Dr. Thin says: "there can be no doubt that Dr. Edington has isolated from the blood of scarlatina a bacillus which, when injected into animals, makes them ill and may kill them; that some of the symptoms in these animals are erythema and desquamation of the skin, and that when the disease is fatal the viscera show a general state of blood poisoning. But it by no means follows because an animal, when feverish, has more or less erythema of the skin with subsequent desquamation, that therefore it is suffering from scarlet fever." He concludes that before it can be accepted that Dr. Klein's or Dr. Edington's organisms are the cause of scarlatina, there are sufficiently important lacunæ

to be filled up. It must be shown that the isolated organisms are capable of producing scarlatina in man. Experiments on animals must show that the latter are capable of developing scarlet fever. This would be done if a disease were produced in them, bearing so striking a resemblance to scarlatina as would satisfy the demands of clinicians, or if it were shown that scarlatina was communicated by animals suffering from the effects of injections of these organisms. Lastly, if sick animals communicated scarlatina to human beings, and if in these animals and in the human beings a pathogenic organism was found which, in its characters, could be distinguished from all other organisms. None of these criteria are, he says, so far satisfied.

The question has now reached a stage where further observation and the results of investigators will be awaited with much interest. In this connection the relation between a diseased condition in pigeons and the subsequent occurrence of diphtheria in the same locality, which has recently been traced, may throw further light on the subject. While with scarlatina and diphtheria more conclusive evidence is required, there is no reason to reject the hypothesis as untenable when other diseases as tuberculosis are known to be common to man and the lower animals.

THE INTERNATIONAL MEDICAL CONGRESS.

The Ninth International Medical Congress, which closed at Washington on September 10th, has been as successful in point of attendance and in the general excellence of the work performed as any which have been held in previous years.

The total number of members registered was about 2600, of whom 184 were from abroad. The foreign contingent was not large, but it must be remembered that the trip to America occupies considerable time, and is apparently more formidable than a journey between any two points in Europe.

The rank and file of the profession at home was well represented, and the credit of American medicine was ably sustained by many excellent papers. It is to be regretted that several of the acknowledged leaders in medicine and surgery were absent, and it will be inferred that this fact, so well and often announced beforehand, may have influenced intending visitors. The unfortunate dissensions which have taken place, and the persistent wrong headedness which has characterized eminent members of the profession, is now, happily, a thing of the past, and it will be a source of gratification in the future to those who have worked so ably and so hard to look back on the most successful session which has just closed.

The opinions of the medical press are varied and interesting, yet the Congress has not suffered at its hands. The "Medical Register" has fulfilled its promise of issuing a daily edition, and has presented five excellent numbers. The "Medical Record" has an admirable report (advance slips of which were furnished to its exchanges) occupying eighty of its pages. The "Medical News" also gives a full report of the proceedings.

NOTES.

TRANSMISSION OF TUBERCULOSIS BY WINE.—M. Galthier has investigated ("Progrès Médical") the employment of fresh blood in the clarification of wines, with a view to ascertaining the possibility of the transmission of tuberculosis to man. He states that the blood of tuberculous animals is always virulent. Alcoholic liquors, wines which show 6 to 12 per cent. of alcohol, sterilize the germs contained in blood employed to clear them. Answering the question, whether there is then any danger in the use of the wines, he says the tubercular virus resists the action of alcohol for a certain period. Inoculation with tuberculised wines gives no result after a year, a month, fifteen days, or even four days, from the addition of the tuberculous matter; but when tuberculised wines of some hours, or two or three days are used, inoculations have caused tuberculosis in the rabbit.

OVARIOTOMY IN AMERICA.—In connection with the early history of this operation some interesting experiences were related before the Section of Obstetrics of the International Medical Congress. Dr. Alexander Dunlap, of Springfield, Ohio, read a paper on "The Early History of Ovariectomy in America." He describes his first case of ovariectomy in 1843; he invited ten of his medical friends to witness the operation. They declined, saying that they could see enough people die without seeing them killed. One of them presented himself at the time. He was an old retired army surgeon, who was addicted to drinking. With this assistant and four students he operated, first giving the patient a teaspoonful of laudanum, after which he went to work. She died on the twentieth day, evidently from excessive drainage from the kidneys. There was no septicæmia. Dr. Kimball, of Lowell, Mass., reported the first case in which he had operated, thirty-five or forty years ago. He invited ten physicians. During the operation he met with considerable difficulty in the form of nine cysts, and when he looked about for his assistants they had all left but one.

CHLOROFORMING PERSONS DURING SLEEP.—In connection with a recent trial in this city, where the use of chloroform by the defendant was suggested and the probabilities of its successful administration discussed, the following extract from an editorial in the "New Orleans Medical and Surgical Journal" is of interest:

"The weight of chloroform vapor, and the readiness with which it descends, make it difficult to saturate the air of a sleeping apartment, especially one at the time well ventilated. Besides, the quantity of chloroform necessary to saturate the air sufficiently to produce anæsthesia is very considerable. Allowing one and a half grains of chloroform to the cubic inch of air, it would require thirty-eight fluid ounces of chloroform to sufficiently impregnate the air of a room ten by twelve feet, with a ceiling eight feet high. It would certainly take a considerable time, too, to vaporize this quantity of chloroform. Even if the saturation of the air of a room were possible without awakening the sleepers, what would protect the burglars themselves from the all-pervading soporific influence?"

In this connection it is interesting to note an observation by the late John Snow, which Dr. B. W. Richardson mentions in a biographical sketch contained in the last number of the "Asclepiad." The "Prevention of Offenses Bill" was before Parliament in 1851. A clause in the bill provided for severely punishing any person administering chloroform or other stupefying drug for unlawful purposes. Dr. Snow opposed the bill on the ground that "if it became law numerous frivolous and false charges would be constantly brought up against innocent persons or against guilty persons, but persons not guilty of the special charge laid against them, that namely of administering a volatile narcotic by inhalation. Knowing that weakness of human nature which leads a man, in the presence of all evi-

dence, never to admit intoxication as possible in his own proper person, Dr. Snow felt that in any case where an intoxicated person had been robbed, such person might allege that he had been made insensible by narcotic vapor."

FEES IN VENEREAL CASES.—In recent numbers of the "Medical Record," the question of fees in venereal cases has been discussed. The "Record" stated that "the physician has no right to judge or punish by charging a higher fee for treating venereal than for treating other diseases. Indeed, the laying down of rules for the taking of a retainer in one disease and not in another, is wrong, and the custom should be abolished." Also, that "the feeling which physicians have, however, that fees for treating venereal diseases should be ample and should be promptly paid is a justifiable one. It is impossible to regard the man sick from an expensive debauch with exactly the same feelings as we do a man who gets ill while working for the support of his family. The sexual passion is normal, but man distinguishes himself from the brute by controlling it." The "Medical Press and Circular" comments severely on what it denominates "a custom which carries with it so much that is undignified for a great profession," and it regards the "Record's" argument as "nothing but a specious excuse for a form of professional robbery, which nothing in the ethics of medicine can extenuate if principles find their right application." The question is less one of sentiment or ethics than one of practical finance. That the afflicted ones who "waste their substance in riotous living" are "bad pay" is notorious, and where the sufferer or culprit, for we feel that the terms are interchangeable, is not known to the physician, or has no certain or visible income, it is idle to treat him as a pay patient until a moneyed transfer has taken place. The Sacramento Society for Medical Improvement in its fee bill lays down distinctly that the fees for venereal cases, \$25 to \$100, are payable *always in advance*, and we believe that the usage is very general. The rule is undoubtedly a good one, and its enforcement will not be calculated to wound the dignity of the practitioner or the dignity (?) of the applicant.

SPECIAL CORRESPONDENCE.

NEW YORK.

[FROM OUR OWN CORRESPONDENT]

College of Physicians and Surgeons, New York—Report of the Committee of the State Board of Charities—American Gynaecological Association.

On the 2d of October the Session of 1887-8 of the College of Physicians and Surgeons will be opened at the beautiful and commodious new buildings provided by the liberality of the Vanderbilt

family. The property embraces fifty-nine contiguous city building lots, and is situated between Ninth and Tenth avenues, Fifty-ninth and Sixtieth streets, directly opposite the Roosevelt Hospital; an institution in which the positions on the visiting medical and surgical staff are, for the most part, held by the professors in the College. The buildings consist of the college building proper, the Vanderbilt clinic and the Sloane Maternity Hospital; the latter being erected and endowed by Mrs. W. D. Sloane, a daughter of the late Mr. W. H. Vanderbilt, and her husband. The college building proper consists of three divisions, the principal of which extends 140 feet along Fifty-ninth street, and the whole covers an area of 15,428 square feet. It is well lighted and ventilated throughout, and is admirably adapted in every way for the purposes for which it is designed; embracing lecture, recitation, reading, smoking and dissection rooms, the museum, the Swift physiological cabinet, professors' private work-rooms and laboratories of every variety. The public dissecting-room, which is situated on the fourth and highest floor of the southern or main division of the building, is lighted entirely from above in the daytime, and by the electric light in the evening, contains thirty-six tables, at which 180 students can dissect at once. About this large room are grouped smaller apartments for private dissection, for the teaching of operative surgery upon the cadaver, and for the preparation of material to illustrate the lectures upon anatomy and surgery. The northern portion of the building, three stories in height, is nearly all devoted to laboratory purposes, and the middle building contains the two large lecture-rooms of the College. The lower of these lecture-rooms will hold nearly 450 students, and the upper more than 450; both are lighted in the evening by the electric light, and neither one contains columns or chandeliers to interrupt the view. The upper lecture-room is a semi-circular theatre, in which the rows of seats rise steeply, and it is provided with a very spacious skylight.

The Vanderbilt clinic, built and endowed by the sons of the late Mr. Vanderbilt as a memorial of their father, is also furnished with a large lecture-room, and provides a fully equipped dispensary service, together with every facility for extended and practical clinical instruction and research in the various departments of medicine. The Sloane Maternity Hospital contains thirty free beds. The lying-in service is under the direction of the Professor of Obstetrics; the resident staff will be appointed from among the graduates of the College, and members of the graduating class will be permitted to attend a certain number of cases of labor in the hospital.

The college year will consist, as heretofore, of a single session of seven months, with short vacations at Thanksgiving and Christmas, and, after the present session, applicants for matriculation will be required to undergo examinations for admission, except in the cases of those who can present certificates or diplomas indicative of their

proficiency in those branches of knowledge included in the preliminary examination prescribed by the College.

The College of Physicians and Surgeons now has to mourn the decease of one whose name has lent lustre to its history, and has long been a household word in American medicine, Dr. Alonzo Clark. Several years ago, however, Dr. Clark was retired as emeritus professor of pathology and the practice of medicine, and for a considerable time back his growing infirmities, which unfortunately included an impairment of his mental powers, compelled him to give up professional work altogether. On one occasion, when Dr. Clark was asked for what one special thing he would like to be remembered in his medical career, he replied: "For having given fresh air to typhus fever patients."

The hospital clinics have already been resumed after the summer vacation, and, at a recent one at the New York Hospital, Dr. Wm. T. Bull, Adjunct Professor of Surgery at the College of Physicians and Surgeons, had an unusual number of serious and comparatively rare operations; the list comprising extirpation of the larynx, nephrectomy, gastrotomy for foreign body in the œsophagus, and a plastic operation on the chest and head.

The report of the committee of the State Board of Charities which, during the past summer has been making an investigation of the condition and administration of the City Insane Asylum on Ward's Island, shows beyond question the existence of many abuses for which the Commissioners of Charities and Correction are mainly responsible. The medical board have done all in their power to ameliorate the condition of the patients, but the criminal overcrowding, the improper food supplied and the insufficient number and incapacity of the attendants are matters which demand a radical reform in the management.

The twelfth annual meeting of the American Gynæcological Association, which was held at the Academy of Medicine in this city on the 13th, 14th and 15th of September, was a very successful and interesting one, and was made all the more attractive by the presence of a number of distinguished foreign gynæcologists who had been in attendance at the International Medical Congress at Washington. Among the papers read was one on the Treatment of the Pedicle after Supra-vaginal Hysterectomy, by Dr. George Bantock, of London.

NEW YORK, Sept. 15, 1887.

BOOKS AND PAMPHLETS RECEIVED.

The Transactions of the Medical Society of the State of California, Session of 1887.

The annual volume of Transactions, which has just been issued from the press of W. B. Bancroft & Co., is a handsome volume of

434 pages. The paper is good, the typography clear and free from errors, and from every point the work is most creditable to the Committee on Publication. Of the many excellent papers presented we can only allude to the expert medical report on one hundred and fifty-eight inmates of the Institution for the Deaf and Dumb and the Blind at Berkeley, by A. Barkan, M. D., and the report of the Special Committee on Leprosy, W. F. McNutt, M. D., Chairman.

The former report consists of an elaborate analysis of the cases examined and a series of tables, which will be useful for purposes of reference and investigation.

Dr. McNutt's report is undoubtedly one of the most valuable that has ever been presented to the Society. It is accompanied by a supplemental report by A. W. Saxe, M. D. The chairman placed himself in communication with practitioners resident at most of the endemic seats of the disease, and received a series of replies containing a vast amount of practical information. He finds that there is an "overwhelming preponderance of testimony in favor of the contagiousness of leprosy, and, taking into consideration the close commercial relations which exist between California and countries where leprosy is endemic, San Francisco being, in fact, the great gateway to the United States from Asia and Polynesia, it seems to your committee that we owe it as a duty, not only to ourselves but to this great nation, to be watchful and not allow leprosy to get a foothold amongst us." The committee recommends:

1. That a strict quarantine be established against leprosy, and that all lepers attempting to enter this country be returned to whence they came.

2. That those already here, or that develop here, be rigidly segregated. We suggest that a contract be made, if possible, with the Hawaiian Government to have all Chinese lepers cared for at the leper settlement in Molokai. In this connection we wish to enter our earnest protest against the use of the smallpox hospital as a leper hospital. It is an outrageous shame that any one who may be unfortunate enough to be stricken down with smallpox and removed to the hospital, should, in addition, be exposed to the contagion of leprosy. The failure to provide a special place for the segregation of those afflicted with leprosy we cannot but regard as criminal neglect.

3. That the bodies of deceased lepers be cremated or buried in lime, as suggested by Dr. Arning, and their personal effects destroyed.

A Page in the History of Ovariectomy in London. By T. W. Nunn, Consulting Surgeon to the Middlesex Hospital. London: Duncan McDonald.

Thoracic Aneurism, with a Case of Dissecting Aneurism of the Surface of the Aortic Arch. By H. P. Wenzel, M. D. [Reprinted from the "Chicago Medical Journal and Examiner."]

Licentiates of the Board of Examiners.

At the regular meeting of the Board of Examiners held August 3, 1887, the following physicians were granted certificates to practise medicine and surgery in this State:

Henrietta Brown, San Francisco; Minnesota Hosp. M. Coll., Feb. 28, '86.

Jose Reyes Bruciago, San Francisco; Board of Public Instruction, City of Mexico, Nov. 11, '81.

Thos. A. Crowell, Los Angeles; Jefferson M. Coll., Penn., Mar. 11, '75.

Robt. B. Davy, San Diego; Jefferson M. Coll., Penn., Mar. 7, '68.

Hiram Duncan, Dixon; Coll. of Phys. and Surgs., Iowa, Feb. 17, '76.

Wilson Peter Kern, Nordhoff; Univ. City of New York, Mar. 6, '86.

George Wild Linn, Los Angeles; M. Dep. Univ. of Penn., Mar. 12, '72.

Emma L. S. Merritt, San Fran.; M. Dep. Univ. of Col., Mar. 7, '81.

Geo. M. Merrit, San Francisco; M. Dep. Univ. of Col., Nov. 10, '82.

Geo. H. Mitchell, Phoenix, A. T.; M. Dep. Univ. of Penn., Mar. 14, '61.

John Resley, Pasadena; Ohio M. Coll., Mar. 5, '44.

Augustus Francis Schafer, Gilroy; Bellevue Hosp. M. Coll., N. Y., Mar. 14, '87.

Will L. Wade, Los Angeles; M. Coll. of Indiana, Feb. 28, '79.

Reinhard Weringh, Alhambra; Rush M. Coll., Ill., Feb. 21, '82.

Horace B. Wing, Los Angeles; Chicago M. Coll., Ill., Mar. 29, '87.

At the regular meeting held Sept. 7, 1887, the following were granted certificates:

Henry B. Bessac, San Diego; Univ. of Mich., Mar. 26, '73.

F. R. Burnham, San Diego; Detroit M. Coll., Mich., Feb. 28, '77.

Albert V. Gates, Ono, Shasta Co.; Jeff. M. Coll., Pa., Mar. 11, '70.

W. Scott George, Monrovia; Kentucky School of M., June 30, '87.

John R. Haynes, Los Angeles; Univ. of Penn., Mar. 12, '74.

Francis L. Haynes, Los Angeles; Univ. of Penn., Mar. 14, '71.

Robt. W. Haynes, Los Angeles; Univ. of Penn., June 15, '81.

J. A. Landis, San Diego; M. Dep. Univ. of Nashville, Tenn., Mar. 1, '60.

T. J. McCoy, San Diego; Kentucky School of M., June 29, 80.

Fred. P. Muffe, San Francisco; Univ. City of New York, Mar. 8, '87.

G. Walter Otto, San Francisco; Univ. Leipzig, Germany, Aug. 4, '77.

Sherman H. Washburn, Elsinor; Detroit M. Coll., Mich., July 10, '72.

Hal. M. Wyman, Los Angeles; Mich. Coll. of M., Mar. 3, '83.

The application of Luther M. Davis, of Walla Walla, W. T., Joplin Coll. of Phys. and Surgs., was rejected on account of "insufficient credentials." The Board, together with the State Board of Illinois, refusing to recognize the diplomas of said institution.

The application of J. H. Patty, of San Francisco, holding a diploma from the Kansas City Coll. of M., Mo., was rejected on the same grounds.

WM. M. LAWLOR, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM AUG. 20 TO SEPT. 20, 1887.

Upon recommendation of the Medical Director of the Department, leave of absence for one month, with permission to apply to the proper authority for an extension of one month, is granted Assistant Surgeon W. B. Banister, to take effect upon arrival at Fort Lowell, of Assistant Surgeon J. B. Girard. S. O. No. 91, Dept. Arizona, August 29, 1887.

The journey performed by Assistant Surgeon Leonard Wood, from Fort Huachuca, A. T., to these headquarters, in compliance with telegraphic instructions of the 31st of August, ultimo, is approved and confirmed as necessary for the public service. S. O. No. 94. Dept. Arizona, September 9, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS, U. S. NAVY (PACIFIC STATION), FROM AUG. 20 TO SEPT. 20, 1887.

Medical Director Albert L. Gihon granted leave of absence for one month, from September 1st, for the purpose of attending the International Medical Congress, at Washington, D. C., and assume the duties of Chairman of the Section on Climatology.

Public Health.

Reports from Cities on the Pacific Coast of 10,000 inhabitants and upwards, for the Month of August, 1887.

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	60,000	9.40	47	8	8	11	9	....	...	11
Oakland.....	49,000	9.79	40	7	9	20	3	3	....	....
Sacramento	30,000	14.80	37	9	7	12	2	4	....	4
San Francisco.....	280,000	17.50	409	59	72	211	28	24	15	....
San Jose.....	20,000	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stockton.....	15,000	5.60	7	1	3	2	1	....	.....	.....

Meteorological Summary for the Month of August, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.		WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell.	Total Rainfall.	No. of Days Clear.	Fair.	Cloudy.	Prevail- ing direction.	
Auburn, Cal	98.0	52.0.	72.5	—	—	T*	—	—	—	E.	Southern Pacific Co.
Colfax, “	97.0	51.0	71.7	—	—	.00	—	—	—	N.	“ “
Eureka, “	—	—	—	—	—	—	—	—	—	—	Signal Service U.S.A.
Los Angeles, “	93.6	52.1	68.5	25.1	0	.00	11	20	0	W.	“ “
Monterey, “	74.0	51.0	62.1	—	0	.00	—	—	—	S. E.	Southern Pacific Co.
Oakland, “	79	51	58.5	12.0	0	.00	—	—	4	W.	J. B. Trembley M. D.
Paso Robles, “	102.0	47.0	69.0	—	0	.00	—	—	—	S.	Southern Pacific Co.
Red Bluff, “	—	—	—	—	—	—	—	—	—	—	Signal Service U.S.A.
Sacramento, “	99.7	48.0	69.1	33.0	1	T*	31	0	0	S.	“ “
San Diego, “	77.2	54.0	66.2	8.8	1	T*	3	25	3	N. W.	“ “
San Francisco, “	73.8	48.7	56.3	13.5	1	.01	9	13	9	W.	“ “
Santa Barbara, “	81†	53‡	64.8	15.1	0	.00	28	2	1	W.	Hugh D. Vail, Esq.
Santa Cruz, “	80.0	51.0	62.3	—	0	.00	—	—	—	W.	Southern Pacific Co.

Dash (—) indicates reports missing.

Clear Day—One on which cloudiness is 3 or less on a scale of 10.

Fair Day—One on which cloudiness is from 3 to 7.

Cloudy Day—One on which cloudiness is over 7.

* T trace of rain.

† Mean of that day 69.7°

‡ 62°

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NOVEMBER, 1887.

No. 9.

ORIGINAL ARTICLES.

INJURIES OF THE JOINTS, WITH REPORT OF ELEVEN CASES TREATED AT THE COUNTY HOSPITAL.*

By G. A. WHITE, M. D., Sacramento, Cal.

Few fields in the domain of surgery furnish more food for anxious thought than that of injuries of the joints. Successful treatment in this field of practice is manifest evidence of surgical skill and no small degree of great good fortune, whilst failure in a single instance is liable to lead to disastrous consequences, and may possibly forever ruin a fair reputation. In a suit for damages which too often follows such failure, "twelve good men and true" may provide an impecunious but enterprising patient with luxuries for life at the expense of the unfortunate practitioner. The annals of medical jurisprudence are filled to repletion with cases of alleged malpractice, wherein the surgeon is sought to be mulct in damages for failure to obtain perfect results in the treatment of joint injuries.

I recall to your mind the unhappy experience of Dr. Graves, of Petaluma, with which you are all familiar. In a suit for damages against Graves it was wickedly averred by the plaintiff who had sustained an injury near her ankle joint that defendant, by his neglect and ill-treatment of her case, had caused permanent and irreparable deformity to this articulation. Two professional rivals, of little reputation, and less professional honor, desiring to ride into notoriety over the ruin of Dr. Graves, unblushingly sustained the averment of plaintiff. Aided by mercenary but cunning counsel, a sympathetic jury was found which directed that Dr. Graves pay over to a charity patient the savings of a lifetime! And this in spite of the positive evidence of eminent experts who testified on Graves' behalf. It required the united efforts of

* Read before the Sacramento Society for Medical Improvement.

the profession of the State to prevent the consummation of this outrageous verdict. This Society, to its honor be it said, took a leading part in saving an innocent medical brother from wicked spoliation.

In the light of experience derived from this case, prudent surgeons will do well to warn patients with joint injuries that our best efforts at treatment are sometimes futile and that impossible results cannot be obtained. Before considering the subject matter of this paper it may not be unprofitable to briefly review the anatomy of joint structures.

There are three kinds of joints, viz: synarthrosis or immovable, amphiarthrosis or mixed, and diarthrosis or movable joints. The diarthrodial joint is of greatest interest to surgeons for obvious reasons, and will almost exclusively engage our attention to-night.

Designed to facilitate locomotion and give grace to the various movements of the body, it is of primary importance that the normal functions of the joints be not interfered with. As no physical effort is possible without the concurrence of joint movement, as certain joints—the costo-spinal—are in perpetual motion, and as others are necessarily subjected to great violence, they have been constructed of such materials as admit of a maximum of motion with a minimum of friction and without producing pain. Bony tissues are feebly supplied with blood and have comparatively few nerves; ligaments are composed of white fibrous tissue and have fewer still, while interarticular cartilages have none. These materials, therefore, are admirably adapted for joint building. In addition there is the synovial lining membrane, whose function is to secrete a lubricating fluid. It serves another and most important purpose: it spreads the mantle of its protection over less sensitive structures and does duty as a perpetual picket guard against invasion from without. Bone and ligament may each withstand violent assaults; articular cartilage may indeed be destroyed by the ravages of gout without exciting serious concern; but let a foreign foe invade the synovial territory and a fierce battle at once ensues with such weapons of pathological warfare as heat, pain, redness and swelling.

Barwell, in his *Treatise on Diseases of the Joints*, says:—“To our idea of a diarthrodial joint are necessary a distinct cavity, lying between and separating the bones of the articulation; also at least two pieces of cartilage interposed between

these bones; each piece of cartilage lining the end of each bone is not continuous, but in contact with the other. The gliding, rolling, or twisting movement must take place between these cartilaginous surfaces, kept moist by a secreting membrane, which closes the cavity of the joint. The essential constituents, then, of an arthrodial joint are: 1st, The bones, which are in apposition, but separated from each other by a cavity; 2d, The cartilages of incrustation; 3d, The synovial membrane. But, besides these are: 4th, Ligaments binding the bones together; 5th, Frequently an inter-articular fibro-cartilage."

In his article on Injuries of the Joints—"International Encyclopedia of Surgery," Vol. III, Edmund Andrews says that "injuries of joints derive their greatest importance mainly from two circumstances, both of them mechanical in their nature: 1st, The complexity of their structure, which renders a slight displacement of parts, or adhesion of surfaces, fatal to their perfect mechanical action; 2d, The presence of the synovial cavity, which, on exposure to the air, receives septic germs, and becomes a reservoir filled with putrid secretions, which both poison the whole system, and locally, cause caries of the bones."

Injuries of the joints may, for convenience, be classified as follows: Contusions, sprains, dislocations and all varieties of wounds, including compound dislocations, compound fractures and gunshot wounds.

A *Sprain* is a wrench of a joint with such force that the capsular ligament suffers overstrain or perhaps laceration, or a tendon may be ruptured, the vessels about the joint may be torn but the bones are not dislocated. The hinge joints of the ankle, knee, elbow and wrist suffer from sprains more than other large joints. The thumb, fingers and toes are also frequently sprained, but owing to their smaller size are more amenable to treatment.

Dislocation.—Gross defines a dislocation as follows: "A dislocation or luxation is the sudden and forcible removal of one articular surface from another, either as an effect of external violence or inordinate muscular contraction; or a diseased condition of the component structures of the affected joint." Large volumes have been written on this very important class of injuries alone. Indeed, books of considerable size exist, descriptive of the injuries of a single joint. It is not possible therefore to include a description of all

dislocations within the limits of this paper, the full consideration of any one of the more important luxations affording ample matter for one evening's work. What has been said with reference to dislocations applies with greater force, to fractures. I shall not, therefore, occupy your time with even a condensed description of these divisions, but proceed to cite a few instances of joint injuries that have been treated at the County Hospital during my service.

Case I.—A young German, aged twenty-four, was brought to the Hospital at three A. M., Aug. 2, 1885, suffering from a gunshot wound of the left shoulder. With a friend he had been raccoon hunting the previous night. He entered a thicket on all fours, and discovering the game, called to his companion to pass him the shotgun, which was promptly done, the muzzle foremost. The gun exploded, and the entire charge of shot entered the young man's shoulder, from a distance of only a few feet. The soft parts were badly lacerated, and the bones of the shoulder joint, more especially the head and upper end of the humerus, were very much comminuted. The box of bony fragments before you gives evidence of the extent of the injury. The brachial artery was not injured, hence I thought the case was a fair one for resection, instead of amputation. Assisted by Dr. Nelson I operated and dressed the wound with antiseptic precautions. A few days later the case promised a favorable termination. Owing to faulty dressing, as I now believe, the patient suffered from acute septicaemia, but ultimately made a complete recovery. November 2d, three months after the accident, he went to work handling wheat sacks in the Phoenix flour mill. December 5th he applied to me to remove a fragment of bone which had exfoliated from the acromion process of the scapula, or rather the stump of that process. No other complication arising, the patient returned to his home in Kansas disgusted with California "coon hunting," but eminently pleased with the results of antiseptic surgery. Six months later, in a letter to a friend in this city, he stated that he could lift seventy pounds weight with his crippled arm. I exhibited the case at a meeting of the Society shortly before he was dismissed from the Hospital. It was then doubtful how much use could be secured to the limb, and I now take pleasure in reporting the successful issue of the case.

In dislocations of the shoulder joint, if the case is seen early, reduction is easily effected by proper manipulation and extension, especially when aided by anæsthesia. In dislocations of long standing it is vastly different. Here we have to contend with the results of adhesive inflammation, and perhaps even joint destruction. In a few obstinate cases our strongest efforts are made in vain. The following is an illustration wherein attempts at reduction met with humiliating defeat :

Case II.—On the 4th of December, 1885, Dr. France, of Rio Vista, brought to the Hospital a Welshman, aged sixty years, suffering from a subcoracoid dislocation of the right humerus and a dorsal dislocation of the right femur. This singular accident, or rather double dislocation, was produced in the following manner : While driving a fractious team the man was thrown from his wagon and rolled down a steep bank ; while rolling, one of the horses fell upon him. The patient was without treatment for an indefinite number of days. Attempts at reduction made by Dr. France being futile, the case was brought to me some six weeks later. Drs. Cluness and Huntington were present when reduction was attempted. We first tried manipulation and extension ; failing in this a roller towel was fastened around the arm by a clove hitch, and forced extension and counter extension tried ; prolonged efforts were made with the patient fully etherized, but our combined forces were doomed to defeat. Owing to the man's age and the condition of his arteries, and in view of the fact that considerable contusion of the parts had resulted from the violence of the manipulation, it was resolved not to resort to the aid of pulleys at that time, but to defer it for some days later. Reduction of the dislocated hip was easily accomplished by manipulation, after Bigelow's method. Grateful for small favors, the Doctor returned with his patient to Rio Vista the following day, and I am ignorant of the subsequent history of the case.

It may here be stated that many persons with unreduced dislocations of the shoulder joint have fairly useful arms and are frequently capable of performing ordinary manual labor. I have seen several such cases. At present there is an old man in the Hospital with a so-called false joint, and another whose arm was broken at the elbow more than fifty years

ago, with resulting non-union. A more than usual interest attaches to this case from the fact that he was a patient of Sir Astley Cooper.

Injuries to the elbow joint are of common occurrence, and the archives of the Hospital are full of such accidents.

Case III.—A woman, aged thirty-five, was thrown from a wagon and sustained a compound fracture of the condyles of the humerus, with dislocation of the ulna, she was brought to the Hospital. This was in 1878, before antiseptic surgery had developed into its present perfection. Carbolic acid was then the sheet anchor of antisepsis. Under its use the woman made a good recovery, with a useful joint.

Case IV.—A farm laborer, whose arm was caught in a mowing machine, laying open the elbow joint and fracturing the ulna, made a good recovery under antiseptic dressings.

Case V.—A boy, aged eighteen, was brought to the Hospital with a gunshot wound of the wrist, that did not end so happily. Destructive synovitis developed, which necessitated amputation. The operation was performed with the assistance of Dr. G. L. Simmons.

Case VI.—A girl, aged eight, whose ankle joint was laid open by a mowing machine, the tarsal bones being much comminuted, recovered with a useful joint under antiseptic dressings, without an unfavorable symptom.

Case VII.—A boy, aged sixteen, of hæmorrhagic diathesis, after a slight contusion of the knee joint, was brought to the Hospital with the knee badly swollen. The joint was tapped, and more than a pint of dark blood discharged. The wound was irrigated with bichloride solution and closed. Under antiphlogistic treatment with pressure, the case made a fair recovery, but there was some stiffness for a year.

Case VIII.—A sailor, aged thirty-eight, of rheumatic diathesis, developed destructive synovitis after a slight injury to the knee. Excision was unsuccessful, and amputation became necessary. Owing to persistent osteitis, reamputation was done before the stump healed. I saved the end of the amputated stump of the femur, and you can see the condition of it. It is covered with small osteophytes, which, acting as irritants, retarded the healing process.

Case IX.—An officer, acting as constable's keeper at a

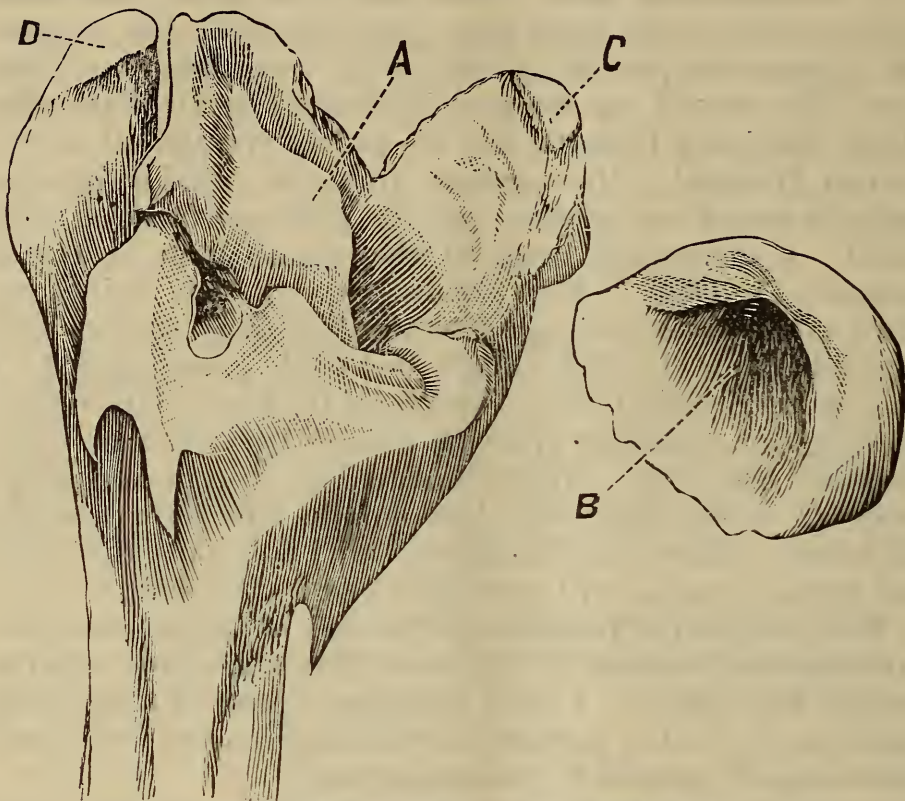
hotel on Front street, was assaulted by the proprietor and another man; during the struggle the officer was thrown upon the floor, and while being held down by one of the assailants, the other struck him several blows upon the knee with a broken beer glass. One blow of the glass penetrated the outer side of the right knee joint, another blow severed the ligamentum patellæ just below the lower border of that bone. The wound was temporarily dressed by Dr. Parkinson at the Receiving Hospital and the patient transferred to the County Hospital. Hæmorrhage from the inferior internal articular artery was profuse, and the joint cavity filled with blood. I thoroughly irrigated the wound with bichloride solution, 1:1500. The divided tendon was united by three sutures. A drainage tube was introduced and an anti-septic dressing of iodoform and bichloride gauze applied; a long posterior splint, with elevation of the foot, completed the dressing. A moderate synovitis ensued, with chill and some purulent discharge. These threatening symptoms yielded, however, to treatment, and three months later he returned to his home. There is still stiffness, but I feel sure that time and proper exercise will ultimately restore the joint.

The treatment of fractures of the neck of the femur and of intercapsular fractures of this bone, furnishes alone material enough for a paper. I shall therefore speak of these subjects merely for the purpose of exhibiting one or two bony specimens of interest in this connection.

Case X.—The first case was that of a young man, aged 36 years, who sustained a fracture of the neck of the thigh by falling from a pile of lumber. There is nothing very peculiar about the case except that some doubt existed as to whether or not the fracture was intracapsular. Two years later this patient died of phthisis in the County Hospital, and the bone before you, which I obtained at the autopsy, clears up the doubt. It also shows that good union took place.

Case XI.—The other case was that of a common drunkard, aged 52, who, in 1874, slipped upon a champagne cork while in the act of rolling a ball in a bowling alley. A few hours later he was brought to the Hospital and I made a diagnosis of intracapsular fracture of the femur. He was treated in the usual way with extension and counter-extension and in due course of time recovery followed with some

shortening, but a useful limb. During the month of January last the man died in a saloon. I made a post mortem examination for the Coroner, and secured the specimen which I here exhibit. The recent specimen was an excellent example



Left Femur, Posterior Aspect. (Three-fifths actual size.)

A—Articular surface on stump of neck, for head of bone, showing to the right, false socket. B—Head of bone, neck absorbed, showing cavity of reception, and to the left a hooked process for false socket. C—Smooth surface on new bony growth, which articulated with ischium. D—Great trochanter.

of ligamentous union; this has been destroyed during the cleaning process, and we now have the shaft of the femur, the upper end covered with extensive exostoses and the separate fragmentary head of the bone. A typical example of intracapsular fracture with fibrous union as the result of treatment.

I shall not weary you with a further citation of cases of joint injuries. It is true I have but briefly reported a few instances of this class, yet sufficient, I hope, to awaken interest in this important field of surgery. It is conceded that under the old system of wound treatment many brilliant examples of resections and joint surgery are to be found, but to Lister

we are indebted for a much greater ratio of success, for in no class of wounds has antiseptis achieved so many and such signal victories as in wounds of the joints.

CLINICAL MEMORANDA.

STRAPPING IN MUSCULAR SPRAINS.

In cases of sprained back, caused by falls or in lifting, where the muscles, particularly in the lumbar region, have been wrenched, I find that shingling the parts with adhesive plaster gives great relief. The plaster is cut in strips two or two and a half inches in width, and of sufficient length to cross the back at an angle of forty-five degrees, extending from the sixth rib above to below the crest of the ilium. The strips should overlap for half the breadth as when strapping in cases of pleurisy. The first strip goes from left to right, crossing the spine about the seat of pain, the second from right to left, crossing the spine at the same point. This will form an **X**. The third runs from left to right, half overlapping the first strip, and so on until the painful region is well covered; then put one or two strips transversely. I find that the warmth of the plaster is soothing, while, at the same time, it keeps the parts as much as possible at rest and allows the patient to exert himself without much pain. The strapping should be left in place for several days after the pain has ceased.

I was led to adopt this method by observing the instant relief afforded in the case of a printer, who, when carrying a "form" to the press, slipped, severely wrenching the lumbar region of the spine. When seen immediately after the accident, he was unable to move without great pain. The application of the strapping afforded great relief, and enabled him to resume work in a few days.

T. W. SERVISS, M. D.

Oroville, Cal.

SURGICAL MEMORANDA.

SUCCESSFUL TRACHEOTOMY FOR DIPHTHERIA.

The usual ill-success of this operation with the discredit that is consequently thrown upon it induces me to briefly report the following case in order to record a result which

may emphasize the value of early resort to surgical interference: Minnie C——, aged two years, became croupy on September 26th. There was slight fever, but as days passed the croupiness became more alarming and on September 30th I was called in. Emetics had been given with but temporary relief. The child grew steadily worse, and next day Dr. Huntington saw the case in consultation. The temperature was 101°, pulse strong and rapid. There was slight redness but no deposit in the fauces. The breathing was more stertorous that evening and as the child was becoming cyanosed, the respiration being stertorous and long drawn, (12 to the minute) and the strength rapidly failing, tracheotomy was decided on. With the assistance of Drs. Huntington and McKee the high operation was performed. Immediately upon the introduction of the tube the breathing became tranquil and the pulse slowed, the cyanosis disappearing. The infrequency of the inspirations was for sometime a source of anxiety and artificial respiration was practised but this was discontinued as it was found that the breathing, though slow was regular, a condition which persisted for several hours. At the time of the operation no membrane was encountered. During the night a thick, gummy exudation was expelled through the tube and on the following day several pieces of characteristic diphtheritic membrane were coughed up. On the third day the matter expectorated had considerably diminished. On the fifth day the tube was removed, and as it was found that air was entering by the mouth it was not introduced. The child made a rapid and perfect recovery. The voice, though somewhat husky, returned on the second day after the removal of the tube. The opening in the trachea was closed on the twelfth day. It may be said that this case like others would have recovered without surgical interference; in view, however, of its critical condition, which continued for several hours after operation, the chances for survival unaided seem more than doubtful.

DEPARTMENTS.

OBSTETRICS, DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.,

OPERATIONS ON THE PREGNANT UTERUS. — PROF. HOFMEIER ("Deutsche Med. Wochenschr." Bd. xiii, Hft. 19, 1887), presents a review of fifteen operations on the pregnant uterus; two were

Cæsarian sections ; of the rest, seven were for carcinoma, and six, for fibro-myomata. Of the fifteen cases two died ; one after supra-vaginal amputation of the cervix, the other after Freund's extirpation of the uterus following Cæsarian section. In three cases of supra-vaginal amputation of the cervix the patients aborted—relapse of the carcinoma soon following. In a fourth case, therefore, of carcinoma of the cervix, the pregnant uterus (second month) was removed in its entirety *per vaginam*. None of the patients operated on for myoma died. Single myomata were removed after laparotomies in two cases. The uterus was removed four times—twice at the end of pregnancy. The author believes that pregnancy does not increase the danger of operations on the uterus. In many particulars the operative *technique* is even simplified by the greater accessibility of the diseased parts by considerable relaxation of the tissues, and by the possibility of a more perfect closure of the incision.—*Schmidt's Jahrbuecher*, Bd. 214, Nr. 9.

DILATATION OF THE UTERUS.—The metrotome is nearly abandoned, except in dissection of the external orifice in either acquired or congenital stenosis. Even here it introduces the unnecessary risk of profound and extensive rupture, and, unless followed by other means of dilatation, it is altogether useless. The rapid method of Schroeder, which consists in bilateral incision of the cervix, even to the *cul-de-sacs* and the forced introduction of the finger through the internal os, notwithstanding the great authority of its inventor, has not been accepted by the profession. A procedure that exposes the patient to the danger of serious hæmorrhage and of grave lesions not only of the vaginal portion of the cervix but also of the fundus, and even of the broad ligaments, I do not hesitate to characterize as brutal.

Of the numerous dilators of Osiander, of Busch, of Sims, of Ellinger, of Greenhalg, of Mathieu, of Priestly, of Schultze, etc., etc., it is necessary to say little. Even Schultze has renounced the employment of his own except after the use of a laminaria tent to soften the uterine muscle and render it dilatable. Hégár and Kaltenboch declare that they have never obtained sufficient dilatation with these instruments, and speak of them only as a matter of history. Landau and Chrobak are of the same opinion. The equable distribution of the expansion force as secured by the conical and cylindrical instruments of Fritsch, of Hégár, of Schroeder and of Tait seems to me better adapted to the end in view. Of these instruments Hégár's are the best. They are of hard rubber, perfectly smooth, and consequently easy to keep clean and aseptic. They have a slight curvature and are graduated by the half millimetre, from one millimetre to two and one half centimetres in diameter. With these bougies one can obtain any degree of dilatation desired, even to the digital exploration of the fundus uteri and the orifices of the Fallopian tubes. In general, however, even in narcosis, a sitting of more than an hour is necessary to reach numbers

16 to 20. To be really rapid in their action they must be preceded by a laminaria tent, which softens the uterine muscle and impairs its resistance. Slow and gradual dilatation is effected by the instruments of Schotz and of Irvisfontaines by tents of sponge laminaria, tupelo, etc., or finally by the method of Vulliet. The instruments of Schotz and Irvisfontaines are constructed on the same principle, but in my opinion they possess no advantage whatever over laminaria.

The danger of infection constitutes the chief objection to tents, but, as Goodell has pointed out, it is not the first tent that does the mischief—this, perhaps, irritates and abrades the mucous membrane and prepares the way for infection, but it is the repeated introduction that is dangerous. Of all forms of tents I prefer the laminaria by far, and I preserve them in an ethereal solution of iodoform (1:10). This renders them not merely aseptic, but better still, antiseptic. They lose their polish; even become slightly rugous. They become also somewhat pliable, and they preserve whatever form may be imparted to them—a not inconsiderable advantage. Prolonged immersion in this solution removes the principal objections to laminaria—the danger of infection, the difficulty of introduction, on account of rigidity and ease of expulsion from the uterus on account of their polished surface. I have tried several methods of dilatation, but the following has given me the best results in a large number of cases:

Having thoroughly washed and disinfected the vagina and uterus by means of either a phenol (3:100) or a sublimate (1:1000) solution, injected by a double current catheter, I introduce the laminaria tent, carefully adapted to the length and calibre of the uterine canal, and thoroughly disinfected as previously described. I crowd the tent to the fundus and allow it to project a half centimetre from the external orifice. Then, maintaining the tent in place, I throw a stream of hot carbolic water against the cervix. Being thus provoked to contraction the uterus moulds itself to the tent and retains it in place. I secure the tent still further by tampons of cotton-wool saturated with borated glycerine, and sprinkled with iodoform powder. The patient maintains the dorsal decubitus until the next day. Pain is very moderate, and occasionally even altogether absent. At the end of twenty four hours I remove the tent, and in the great majority of cases I find that it has remained perfectly in place, and even when it had been partly expelled by uterine contractions the desired effect had been obtained; *i. e.*, a certain degree of dilatation of the uterine canal, and especially of *dilatability* of the uterine tissues. Very rarely do I find it necessary to introduce a second during the following twelve hours. Should I do so, I envelop it in “iodoformized” gauze, to diminish the danger of infection and to hold the tent better in place. It may happen that the first tent produces sufficient dilatation for the purpose in view. If not, I anæsthetize the patient, and in

five minutes insert Hegar's bougies up to the highest number. The method seems suitable to all cases.

Vulliet's method remains. (*vide* TIMES, 1887, page 93.) It is neither difficult nor painful. Unfortunately, however, six or eight days, and sometimes more, are necessary to attain the desired result. It promises excellent results with those who have the patience to submit to it.—DR. FRAEPONT in *Annales de la Societe Medico-Chirurgicale de Liege*, August, 1887.

ANTISEPTIC TREATMENT OF INFANTILE DIARRHŒA. — At birth the digestive tract of the infant is free from microbes. Within the first few days of extrauterine life, however, they make their appearance in great numbers and variety. They are not all pathogenic. Some of them serve a useful purpose, assisting, as M. Vignal has shown, in the physiological labor of digestion. Of these unbidden guests of the alimentary canal he has isolated the varieties that coagulate milk, and at its expense fabricate leucine, tyrosine, the fatty acids that dissolve caseine and that transform the lactose into lactic acid.

Other microbes of the digestive tube, at least in normal conditions, are for the most part innocuous. They cause fermentation of the food and fabricate various chemical substances, acetic, butyric, valeric and oxalic acids, sulphuretted and carburetted hydrogen, ammonia, trimethylamine, leucine, tyrosine, indol, phenol, cresol, scatol, and especially the ptomaines, but in insufficient quantity to be toxic. When neither the microbes nor putrescible foods are in excess, the excretory organs have time either to detain for ultimate destruction or to eliminate the toxic compounds absorbed from the intestines. But if certain conditions—moist heat, abnormal chemical reaction—transform the contents of the stomach and bowels into a medium peculiarly favorable to the multiplication of microbes; if putrescible matter is furnished in large quantity, the toxic compounds already mentioned are produced more rapidly than they can be excreted or destroyed; they accumulate in the organism, and toxic phenomena ensue.

Of the chemical products of microbic origin that play an important role in the diarrhœa of infants, the chief are the acids and the ptomaines; the former may produce diarrhœa by direct irritation of the intestinal mucous membrane, but the latter produce the phenomena of sudden and violent poisoning. These alkaloids, or ptomaines, differ considerably in their toxicity, but in a general way it may be said that the alkaloids derived from the decomposition of albumen have a tendency to produce diarrhœa. Of the putrescible albumenoids present in the digestive canal of the infant the most important is milk, then follow other nitrogenous foods, mucus, serum, blood, pus and sloughs of the gastro-intestinal mucosa.

Besides the administration of antiseptic remedies the antiseptic treatment of infantile diarrhœa comprehends many precautions adopted by our predecessors, but wholly inexplicable by any other

theory than that of the septic nature of this disease. Putting the bottle-fed infant to the breast is an antiseptic measure, as are boiling the milk, laxatives and the reduction of the quantity of aliment. The success of calomel depends perhaps as much on its direct antiseptic, as on its indirect antiseptic, or purgative properties. Jacobi gives .05 to .3, and Emmet .05 to .1 of a gramme at a dose, and Caillé puts .02 of a gramme dry, on the tongue, hourly, for five hours. Resorcine is used by Jacobi and Caillé, in doses of .2 to .5 of a gramme, with bismuth, chalk or Dover's powder; salicylate of soda (.05 to .1) and naphthaline (.1 to .2) by Holt; benzoate of sodium (.25); hydrochloric acid and carbolic acid by Caillé, and nitrate of silver (.001 to .002 gramme every two hours by Jacobi.

Thymol, on account of its feeble solubility, is regarded by Martini as an excellent intestinal antiseptic. But naphthol, perhaps, is to be preferred to all of the antiseptics already named. Its equivalent of toxicity is 1 gm. to 60 kg. It is slightly soluble in water by prolonged agitation (.33 to 1000). In this solution Bouchard has demonstrated its antiseptic powers. Large enemata of warm alcoholized or salicylated water is another important means of intestinal antiseptics.

In the "green" diarrhoea of nurslings Hagem has demonstrated the value of lactic acid—the microbe of this form of diarrhoea being unable to live in an acid medium. He gives a teaspoonful of a two per cent. solution, after nursing, and finds that the vomiting soon ceases, the stools diminish in frequency and lose their greenish color, and finally become normal. This form of disease is contagious, and the stools should be vigorously disinfected.—*L'Union Medicale*, September 17, 1887.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M. D., Surgeon, Southern Pacific Company's Hospital.

THE RADICAL CURE OF HYDROCELE.—While in a vast majority of cases of hydrocele ordinary methods of treatment suffice; yet occasional recurrences of the condition demanded more vigorous and heroic measures. There is no new method of treating hydrocele. Antiseptic precautions in wound dressing have rendered possible a revival of some older methods which were abandoned temporarily on account of the risk to the patient. The operations now much in vogue are as follows:

1. *Incision.* (Volkmann). An incision is made from the external abdominal ring to the base of the scrotum and reaching down to the tunica vaginalis. That membrane is incised along the track of the first wound. Bleeding vessels are ligatured. The subsequent steps are, briefly, irrigation with a three per cent. carbolic solution, suturing of the tunica to the integument, and the application of a careful antiseptic dressing.

2. *Partial Resection.* (Julliard). After the skin and tunica vaginalis have been cut, as in Volkmann's operation, the redundant portions of the tunica are removed. A drainage tube is then laid in the wound, up to, but not into the tunica vaginalis, and the skin wound closed.

3. *Complete Resection of the Parietal Tunica Vaginalis.* (Bergmann). After section of skin and tunica vaginalis, the latter is dissected off close to the epididymis and testicle. Bleeding vessels are ligatured, a drainage tube laid in, and the skin wound closed by numerous sutures. Irrigation is conducted similarly in all operations. There is no doubt that the operations thus briefly described, while devoid of difficulty, are by no means without elements of danger. The risks, however, can be so minimized by care, that the results compare favorably with the milder methods by injection. The only one of the three which seemed to involve difficulty was that of excision, but I was astonished to find with what ease the distended tunica vaginalis peeled off the front of the cord. The after treatment is a matter of great importance. Neither of these operations is justifiable without it be at the hands of a surgeon disciplined in all the minutiae and details of antiseptic precautions.—J. S. McARDLE, in the *Dublin Journal of Medical Science*, Sept., 1887.

ON THE TREATMENT OF TETANUS.—Some years ago, says AUSTIN MELDON in the "Medical Press and Circular," I treated a case of tetanus with a combination of hyoscyamus, belladonna, and conium. The case was very acute. First symptoms noticed on the fifth day. On the following day the pulse was 120 and temperature 103°. Under the above treatment the patient recovered. Some months later I met another successful case, beginning on the seventh day. Of seventeen cases which I have now treated by this method, thirteen recovered and four or 23 per cent. died. The writer has collected 937 cases treated by all methods. Of these 185 recovered and 752 or 80 per cent. died.

PNEUMOTOMY.—M. GUERMONPRES reports a case to the Académie de Medicine, in which he performed this operation on a man twenty-four years of age who had had vomicae for four years. His conclusions are that exploratory incision of the pleura is, at least in certain cases, an operation of little danger. When the foetid odor indicates that the focus of suppuration is contiguous to the digestive canal, the incision in the pulmonary parenchyma ought to be carried to a sufficient depth through apparently healthy tissue. If two foci exist with slight communication, one of them will be found to be more or less inaccessible. Tepid injections of a stimulating solution will determine a communication between the two tracts and also facilitate their evacuation through the thoracic parietes. Practised under favorable circumstances pneumotomy is an operation in which the consequences are relatively harmless and can render very important service.—*Progres Medical*, Sept. 3d, 1887.

TREATMENT OF ANEURISM BY MOORE'S METHOD.—M. LEPINE reports two cases of aneurism of the arch of the aorta treated by Moore's method. In the first, in consequence of the failure of different methods, and fearing a rupture of the sac, he passed a very fine Pravaz needle into the tumor and through it a hair, (*Crin. de Florence*) at least 30 cm. in length, previously soaked in carbolic oil; he introduced fifteen similar hairs. The patient succumb to a pulmonary complication which had commenced before the operation. The autopsy showed the sac to be filled with soft blood clots. In the second case M. Lepine passed a watch spring into the sac, leaving 35 cm. in the aneurism. The tumor had diminished in size and there had been no complication other than a small subcutaneous abscess. There had been considerable benefit.—*L'Union Medicale*, Sept. 6th, 1887.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

SINGULAR INOCULATION OF SYPHILIS THROUGH THE LIDS.—DR. TEPLIACHINE communicated the observation of a true epidemic of syphilis in the province of Glazowski. Among the ignorant population of that country all eye diseases are attributed to the presence of foreign bodies, and the customary treatment is to have medical magicians lick the conjunctiva and lids. One of these having acquired syphilis, communicated it by licking the lids of 13 per cent. of the population among whom eye disease was frequent. The symptoms first made their appearance in the form of an indurated chancre on the upper lid.—*Journal de Med. de Bordeaux—Rev. Clinic d'Oculistique*.

THE OTOPHONE.—J. A. MALONEY, of Washington, D. C., describes a new instrument, ("Arch. of Otology," Sept., 1887) devised to aid the deaf, and to assist in restoring the hearing, and in the instruction and development of hearing in the deaf mute. He has three instruments of different sizes to accommodate different degrees of deafness. They are held in place by the tragus, antitragus, and concha but do not enter the meatus. The inventor gives reports of a number of cases in which it was found to improve the hearing of patients who were congenitally deaf as well as those who had become so later in life. Dr. C. H. Burnette said that the most useful ear trumpets yet presented to his notice are those of Mr. Maloney's. They are not only useful as conductors of sound, succeeding where other forms fail, but they do not fit into the meatus. This does away with bruising the canals or exciting furuncles in it, so common in forms heretofore in use. They have been devised in a scientific manner, and introduced to the profession on their merits. The best results, or the most signal ones, have been obtained by the so called silent instrument. This is simply because it is the most powerful, and hence renders most aid to the very deaf, the only

people who are really willing to use an instrument. The smaller instruments are just as good for those not very deaf, and, if used by such patients, would aid in the retention of hearing, and tend to cure their hardness of hearing, as he has shown. But the less afflicted class seem unwilling to use any form of ear trumpet. All ear trumpets of any value must possess some size in order to contain a column of air sufficient to impress the drum. They must be larger than the auricle with which the patient is already supplied. Hence all invisible appliances, so-called, are self evidently good for nothing.

THE THREE TONSILS—SOME PRACTICAL SUGGESTIONS IN REGARD TO THEIR STRUCTURE, FUNCTION AND DISEASES.—In an elaborate paper read by Dr. F. A. BOSWORTH before the New York Academy of Medicine (Transactions, vol. iv. p. 297) on the above subject, he expressed some original ideas in regard to their structure, etc. The glandular bodies between the pillars of the fauces are designated as faucial tonsils and the glandular masses which are found in the vault of the pharynx, pharyngeal tonsils. He believes that all these bodies are the results of pathological processes. That in perfectly healthy throats there are no tonsils, but they are developed by hypertrophy of the normal glands of the mucous membrane which is, in these parts of the throat, abundantly supplied. The author classifies diseases of the tonsils as subacute tonsilitis, acute follicular tonsilitis, diphtheritic tonsillitis, hypertrophied tonsils, and quinsy.

Subacute tonsilitis consists of a mild form of inflammation, characterized by swelling and hyperæmia of the glands, and is the result, generally, of exposure to cold. It runs its course in from four to seven days, and causes little disturbance. Acute follicular tonsilitis consists of an inflammatory process, involving one or both tonsils, which is characterized by the exudation into the crypts of the glands of a fibrous material which fills and distends their cavities. The onset of the attack is marked by a chill, followed by general febrile symptoms of a marked character. The skin becomes hot and flushed, there is headache, pain in the bones, loss of appetite, and all the evidence of a febrile movement far greater than can be accounted for by the amount of local inflammatory action. He believes this to be an essential fever with a local manifestation in the throat.

Croupous tonsilitis he regards as the same disease, with an eruption which is more marked or efflorescent. The exudation which in the former case confines itself to the crypts of the glands, in the latter fills and overflows them, forming a continuous membrane. Diphtheritic tonsilitis occurs in connection with the blood poisoning of diphtheria.

Hypertrophied tonsils give rise to a train of symptoms which are mainly due to the mechanical pressure of these glandular masses, in the fauces. They occur mostly in young people. Their development is attended by the occurrence of repeated attacks of subacute inflammation or ordinary catarrhal sore throat, and they show a

tendency to subside at puberty. Their development is also the result of a purely morbid process, and is not, as a rule, the outcropping of a constitutional discrasia. If there is any impairment of health, it is to be accounted for by the mechanical action of the growths, in obstructing respiration, disturbing sleep, or otherwise interfering with the natural functions. Hypertrophy of the pharyngeal tonsil is produced by similar processes to those which produce hypertrophy of the faucial tonsils. If the hypertrophy has gone to the extent of developing a glandular mass, which, by its pressure, interferes with the functions of the parts, or which in any way gives rise to serious symptoms, there should be no question as to the proper remedy. They are diseased structures and should be extirpated.

Quinsy is a disease of the cellular tissue of the fauces rather than of the tonsils. Phlegmonous or suppurative disease does not occur in the glandular structures, but belongs rather to areolar tissue. The cause of quinsy, the author believes, in very many cases, to be the rheumatic habit. He treats these cases as phlegmonous inflammations due to rheumatism. Of those whom he has seen within the first thirty-six hours of the disease, the attack has been aborted in the majority of cases by administration of fifteen grains of salicylate of soda every two hours. Bicarbonate of soda is recommended to be applied locally on the end of the finger. With patients with a quinsy habit, if used early by themselves, it seems to act beneficially.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

BY CROCKER SIMMONS, M. D.

POISONING BY INHALATION OF OIL OF TURPENTINE.—DR. REINHARD records in the "*Deutsche Med. Wochenschr.*" xiii, 13, 87, the case of a young cooper at work in a closed room, in which had been placed small kegs formerly filled with turpentine. On the first day of his work the patient complained of dizziness, without headache; on the second day, dryness in the mouth and great debility; on the third day, an increase in these complaints and much smarting on urinating. The bladder was distended, reaching to the navel. Upon catheterization a bloody, heavily albuminous urine of a strong violet odor was discharged. On the next day there was a general improvement. After the exhibition of ergot the blood disappeared. The symptoms gradually improved, and after a week the urine lost the violet odor. The patient, on the eighth day, was discharged, cured. Dippe ("*Schmidt's Jahrbuecher*," Sept. 15, 1887) calls particular attention, as shown in this case, to the absorptive power of the lungs. Nothnagel and Rossbach have proved that some 8 gm. of turpentine oil taken internally are necessary to produce in the adult the foregoing symptoms. It is remarkable that the father of the patient, working in the same room with him, remained in perfect health.

THE NITRITES IN ASTHMATIC DYSPOŒA.—DR. FRAZER, of Edinburgh, sums up an interesting article upon this subject ("Am. Journal of Medical Science," Oct., 1887), as follows: "The facts that have been stated seem to justify the assertion that their administration in this manner (by the mouth), in asthmatic dyspnoea, or orthopnoea, is entitled to rank as one of the most valuable of the applications of pharmacology to the treatment of disease."

ELECTRICITY IN THE TREATMENT OF VEGETABLE PARASITIC DISEASES.—This therapeutic measure was advocated by DR. REYNOLDS, in an interesting paper before the Ninth International Congress. It favors the absorption or deep penetration of the antiparasitic solution employed. Cocaine, when thus applied, produces anæsthesia of the entire thickness of the scalp. From five to ten cells are usually employed in treatments of this nature.—*Jour. Cut. and Genito-Urinary Diseases*, October, 1887.

A RELIABLE PREPARATION OF COLCHICUM.—In the "College and Clin. Record," Sept. 1, 1887, DR. ARNOLD, of Newport, R. I., dwells upon the importance of a reliable preparation of colchicum, in the treatment of rheumatism. He recommends a tincture, freshly prepared in the following manner: One ounce of the seed and half a pint of highest proof alcohol; allow this to stand a fortnight, shaking it twice daily; to five drams of this add half a pint of water, the dose being half an ounce. The subject is important, for physicians frequently find the market preparations of this drug utterly unreliable.

SOLUTIONS OF ARSENIOUS ACID.—A one per cent. solution of arsenious acid is frequently prescribed in alcohol, but the most authoritative foreign works, such as "Real Encyclopedie der gesammten Pharmacie," les Commentar de Hager, etc., etc., give this proportion as insoluble in alcohol. The "Dictionnaire de Chime de Wurtz" gives the coefficients of solubility of the different allotropic modifications of arsenious acid in alcohol, and these coefficients generally average below 1 per cent. To elucidate this question, PETERS-VAUST ("Annales de la Société Medico-Chirurgicale de Liege," August, 1887), tried various experiments with water and alcohol as a medium for the solution of arsenious acid. He states that a solution of one and one half per cent. arsenious acid in alcohol at 94° can be readily prepared, and that it is more easily kept than a similar solution in water. He adds that it is possible to add to a 3 per cent. aqueous solution of arsenious acid any quantity of alcohol which may be desired without producing precipitation.

ETHEREAL INJECTIONS IN THE TREATMENT OF CYSTITIS.—M. CHAUDELUX ("Lyon Med." "Ann. des mal. des Organes Genito-Urinaires"), has made use of vesical injections of a 13 per cent. ethereal solution of iodoform in a number of cases of obstinate cystitis, and reports satisfactory results. He regards the iodoform as playing

only a subordinate part, and attributes almost all the efficiency of the treatment to the ether which he thinks acts by becoming vaporized and thus distending the contracted bladder. The fact of its vaporization is shown by a tympanitic percussion sound in the hypogastrium. Distension of the bladder by the forcible injection of liquid, is, he remarks, not often well borne; the bladder is intolerant, and contracts spasmodically when such a distending force is applied. But distension by means of a vapor is so gentle and manageable—the expansive force of the gas and the contractile power of the bladder being very nearly balanced—that spasm does not result. The iodoform is expelled with the urine and is not deposited on the interior of the bladder.—*N. Y. Medical Journal*, Sept. 10th, 1887.

MEDICINE.

INOCULATION OF AN INFANT WITH TUBERCULOSIS.—DR. ELSENBERG reports the case of a child, of healthy parentage, that was circumcised on the eighth day. The wound was sucked (*ausgesaugt*) repeatedly by the operator, became purulent, did not heal, and two months later the inguinal glands of both sides began to swell. On the 28th of February, 1886, the child was brought to the author for treatment: It was strong, and its internal organs (lungs) were healthy. The prepuce was the seat of a circular ulcer, with a yellowish base and undermined and infiltrated border. The inguinal glands were enormously swollen. On the left side the skin was broken, and a sound penetrated deeply between the abdominal muscles. From this opening flowed a turbid, watery fluid, mixed with cheesy particles. Behind the left ear there was a large fluctuating abscess. A diagnosis of syphilis was made, but specific treatment was without benefit. The further course of the disease was unfavorable. Erysipelas followed, extirpation of the inguinal glands, pus was evacuated from the left auditory meatus, the child lost strength rapidly, and died on the 12th of March, in consequence of hæmorrhage from the abscess in the abdominal walls. An autopsy was not granted, but the author removed portions of the prepuce and of the original glands, and demonstrated the characteristic histological changes and the bacilli of tuberculosis. Examination of the Rabbi who performed the operation revealed incipient tuberculosis of the left apex and the presence of the bacilli in the sputa. The author is of the opinion that such cases are of frequent occurrence, but that hitherto they have been falsely interpreted. Since May, 1887, he has seen three similar cases, whose character was positively determined by the discovery of pathognomonic bacilli.—*Schmidt's Jahrbuecher*, Bd. 215, Nr. 8.

SUETTE MILIAIRE.—M. BROUARDEL thus describes the epidemic of Suetie Miliare, which prevailed in parts of France during the early portion of this year. The disease was sometimes preceded by

gastric prodromata; more frequently the attack was sudden. The symptoms of the *first period* are sweats, fever (38° C. in the benign and 40° in the graver cases), a condition of general prostration, with nervous phenomena; the tongue is furred; ordinarily there is constipation; epistaxis is frequent; there is also a frequent cough. The *second period* begins with the eruption. It appears on the fourth day, rarely on the second, third, fifth or sixth. It is announced by prickling and itching, and is characterized by the miliary eruption proper, and by an exanthema, which serves as a background. This exanthema may be rubeolar or scarlatinal, hæmorrhagic or purpuric in character. It appears first on the face and neck, the upper extremities and trunk, and then invades the inferior extremities. At first red puncta can be seen in the fauces. The eruption sometimes appears as a single crop in twenty-four or forty-eight hours; sometimes in several. All the initiatory symptoms quickly improve, and the pulse is lowered. The stools have the consistency and appearance of tar or pitch, and give off an infectious odor. In no case was albumin detected in the urine. Nasal, bronchial and intestinal hæmorrhages may occur at this period. The *third period* corresponds to the desquamation which takes place in isolated points in large shreds. Convalescence is tedious, uncertain and painful. The subjects are very anæmic and feeble, œdema of the lower extremities, fibrillary tremors of the facial and lingual muscles occur, with insomnia and loss of appetite. Rarely a crisis analogous to that in locomotor ataxia, or mental trouble, is observed.

The Svette Miliare presents two clinical varieties; one is rapidly fatal in less than forty-eight hours; the other is remarkable for its extreme benignity. Relapses are not infrequent. Prognosis should always be most guarded; its gravity varies with the age. Diagnosis is always easy. In some adults, and in the great majority of children, a variety occurs which closely resembles measles; this is the *suette infantile*. In this form the prodromata closely resemble measles, but are accompanied by unusual phenomena, sweats, smothering, vomiting and epistaxis. The eruption ordinarily appears on the second, and from that to the fourth day, as in measles. The eyes are bright and dry, coryza being absent; the cheeks are flushed, giving to the fingers the sensation of a roughened surface; the body is moist, or bathed in sweat. The eruption appears on portions of the trunk, spreading until it forms a uniform surface and becomes rubeolar scarlatinaform in character. The desquamation is in the form of large pieces, or small shreds. M. Brouardel is satisfied that this disease is not an abnormal measles, but the Svette Miliare, having all the principal characters of that disease, and bases his opinion on the clinical and epidemiological features of this variety. The disease was more fatal in adults than in children. It is decidedly contagious, but the method of transmission is unknown. *Progres Medical*, Sept. 17, 1887.

FLUORHYDRIC ACID INHALATION IN PHTHISIS.—M. GARCIN has presented to the Academy of Medicine his results obtained in the treatment of phthisis with the vapor of a dilute solution of fluorhydric acid. He has been using this agent for upwards of a year. He had divided a portion of a room into five small inhaling chambers, in which phthisical patients, at different stages, were given daily inhalations of fluorhydric acid vapor. The results obtained have so far been, in 100 cases: unimproved, 14; improved, 41; cured, 35; died, 10. Every day the patient remained for one hour in a cabinet containing six cubic metres of air, saturated with fluorhydric acid, obtained by pumping a current of air through a gutta percha bottle containing distilled water, 300 gm.; acid fluorhydric, 100 gm. The dose of the acid varies with the tolerance of each patient. In the first stages twenty litres to each cubic metre is readily borne; in the second stage about fifteen litres, and in advanced cases, ten only. The saturation is generally completed in between ten and twenty minutes. Under the influence of this treatment the cough diminishes, the dyspnœa and chest pain improve, and finally cease. On leaving the cabinet the patient feels hungry; the sweats cease completely; the bacilli become daily less numerous, and finally disappear from the expectoration. The general condition of the patient improves rapidly, and after fifteen or twenty seances, they have the appearance of perfect health. Mr. Garcin has examined several of the cases treated, almost a year ago, and the improvement then produced has been steadily maintained.—*L'Union Médicale*, September 22, 1887.

MUSCULAR PAINS.—DR. J. SIMON recommends “Nouveaux Remèdes”) for muscular pains:

Neutral Sulphate of Atropia,	.25 gm.
Benzoated Lard,	30. “

He says that this application will often allay and dispel the pains.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: NOVEMBER, 1887.

THE EVILS OF MODERN FEMININE ATTIRE.

In recent years attention has been frequently directed to the evils resulting to the mental and physical organization of the gentler sex by over-education and over-pressure. The profession has been more reticent on the universal evils which necessarily follow the modes of modern feminine attire, possibly recognizing the magnitude of the task and the overwhelming difficulties to be encountered. Yet, while it is Utopian to hope that woman will adopt and maintain, a style of dress which would be at once suitable and healthful, it is instructive to investigate some of the many troubles distinctly traceable to prevailing fashions.

Dr. C. M. Jessop, in a paper on "Ancient Dress Compared with Modern Dress in Relation to Disease," read before the British Medical Association, ("British Medical Journal," Sept. 17th, 1887) reviews the question of dress from the early period of 5,890 years ago to the present day in a comprehensive and interesting manner. From this it would appear that the costume of the ancient Greeks and Romans had the advantage of beauty, simplicity and harmlessness; but such an innovation would be out of the question at this date under the changed condition of social life in our modern civilization. The author first discusses the XIXth Century corset, tracing it from its prototype, the *strophium*, a broad band used by the Roman ladies to support the bosom, through its evolution into the stays of wondrous dimensions during the Georgian era. He reviews the mechanism of the ribs during respiration, the movements of which are classified

as upwards and outwards for the superior six and downwards and outwards for the remainder; the rise and fall of the diaphragm carrying with it the abdominal and thoracic viscera is also explained. This motion is estimated at 720 yards per diem for the heart, and double that amount for the liver, during tranquillity. These movements are of service by increasing the suction power of the right heart and therefore accelerating the circulation in the liver and emptying the venous system. This natural cycle is prevented by the combined constriction and displacing force of the corset, which crowds the viscera together, arrests or prevents their movements and lessens the vital capacity of the lungs.

The author says "ignorance, therefore, of the positions and actions of the organs of respiration, circulation and digestion, along with inherited custom, perpetuates an article of dress faulty in construction, and leave the apices of the lungs, as they rise above the collar bones, unclothed." He quotes Dr. Walshe as believing that whether this article of dress shall or shall not inflict mischief on the lungs will probably depend upon the amount of constriction; however, there is no doubt that "drawing in the lower ribs by an apparatus more or less unyielding must lessen their capacity, for the respiratory murmur is almost inaudible in the lower lobes until the constrictor is removed." Dr. Jessop holds that while costal respiration in women may to some extent be inherited, it is mainly due to stays. "Increased work creates increased flow of blood and exaltation of nervous sensibility to atmospheric changes. If there be superadded the impure air of heated and crowded rooms and insufficient clothing of the upper part of the chest, the maximum conditions are present to produce frequent short colds, ending in chronic congestion, which paves the way for the inception of more serious disease." He argues that because joints subject to injury are prone to rheumatic disorders, and because the heart is the organ which earliest exhibits movement; therefore, as the ratio of rheumatic affection of the heart in women is greater than that

in men, it may be inferred that constriction of the chest-wall by unyielding apparatus is inadvisable.

The liver suffers more obviously than other organs from artificial constriction, as the appearances which are familiar to every anatomical student so frequently testify. The organ may be displaced upwards or downwards, according to the direction of pressure. The most common effect is the production of deep grooves and fissures which penetrate deeply, till in some cases only a loose ligamentous connection remains between the separated portions. The removal of hepatic tissue along these grooves diminishes the functional capacity of the organ and so reacts on the system at large. Frerichs describes the results of this morbid condition as commencing with gastric and intestinal derangement, anorexia flatulence and borborygm (so common in young ladies with fashionable figures) alternate constipation and diarrhœa, with sooner or later defective sanguinification and nutrition.

The author asserts that the pelvic viscera suffer as much, if not more, than other organs by these constrictions. Several authorities, notably Graily Hewitt, hold that many cases of uterine flexion can be ascribed to this cause alone. Compression on the abdominal walls, which in turn produces loss of muscular tone, the forcing downwards of the liver and intestines, puts a strain upon the uterine ligaments which they are unable to withstand and displacement of that organ is the result. "Whatever the evil of corsets may be the habit of tying tight bands around the waist is vastly more dangerous, because it finally prevents any little movement amongst the pelvic viscera which might have escaped the stays. From this practice many evils other than uterine displacements may follow which requires a race of practitioners never contemplated by nature to successfully combat."

Dr. Jessop favors a short skirt in preference to the long dress, for many obvious reasons, chief amongst which are that in times of danger or emergency there would be "nothing to encumber or interfere with the preservation of life,

while modesty is in no ways outraged." He has a word to say regarding "a custom fertile in disease and death," namely: the décolleté style of dress, or undress, now happily less fashionable than some years ago. "The back, shoulders and arms with half the bosom exposed is nakedness without modesty. It is not beautiful, for the witchery of dress is absent. Duplicate hollows, prominences and angularities detract from that assemblage of properties which attracts and pleases the eye, the impression of oneness is lost."

There is much in this paper which is interesting from an historic aspect, but the foregoing indicates the points of most professional interest. The importance of the question, and of the further proposition, whether it may not be possible by earnest efforts to effect some wholesome reform, is one which merits our consideration. As we have said, the subject is one to which the profession has given but little attention, and yet when we consider that by pernicious customs women inflict lasting injury, not only on themselves, but on their progeny of either sex, it would seem that a more thorough understanding of these evils would in itself have some influence. The great difficulties in the way of the reformer are sentimental. Woman is a creature of habit, intensely imitative, and will blindly follow a particular style, because it is "the fashion," while readily admitting that it is not perfectly graceful, or even comfortable. As instances, we may cite the hoops of antiquity, the "pinback" of a later age, the high-heel shoes, so fertile in backache, in which the gait was assimilated to that of the tailless apes, and now in our own days that posterior protuberance which goes by many names, but which has at date surpassed the natural feature of the Hottentot Venus. Can we imagine a woman—unfortunate being—whose gluteal region would naturally exhibit this peculiarity? We must realize that no risk of life would deter her from submitting to any operative procedure which would rid her of the monstrosity.

Women dress first for their own sex, next for their own edi-

fication, and but little for the delectation of the masculine mind ; hence its feeble influence. If a suggestion in the direction of healthful improvement should be made, it will be met by the unanswerable objection that with the present style of dress it is impracticable ; and this is true. Modern dress is in harmony with its components, and if we would accomplish anything, there must be a total and radical change. Here it would be well to say that while the XIXth Century costume is accomodative to all styles of femininity, allowing the thin and lean to simulate and deceive, while it aids the redundant in pruning and restraining, yet a healthful mode of dress could be devised which, accomodating all proportions by subduing outlines and contrasts, would render all devices unnecessary. By this means true beauty would be preserved and undesirable extremes less hardly dealt with. There are few of the gentler sex who consider that the figure which fully and cunningly clothed is their pride and often the admiration of fallible man would unclothed be immeasurably removed from the realms of artistic beauty.

The lines on which reform should be directed would include the abolition of all constricting apparatus ; provision for supporting the breast when necessary ; suspension from the shoulders of a portion of the weight of each garment. The clothing of the upper parts of the chest, with under as well as outer clothes ; a reduction in the length of the skirt, so as to keep it clear of mud and dust, with sufficient amplitude to allow of freedom of motion. The clothing of the trunk and upper extremities to be so proportioned as to permit of unimpeded movement of the arms. This would abolish the modern absurdity of a woman when dressed being unable to put on her hat or button her shoes. These changes are not beyond the ingenuity of the sex, nor of the dressmaker, whose fertile imagination conjures up new distortions. It would require a radical reform ; the construction of the garments, first, for healthful clothing ; and next,

but subordinate, for artistic grace. In this connection we must bear in mind that grace and beauty, fashion or style, are very changeable terms, largely depending on habit and prevailing taste. What is well to-day, may be outrageous to-morrow, in illustration of which we may take any epoch in the previous centuries ; so that a change, however radical, would but seem so for a brief period. Meanwhile, who shall have the courage to take the initiative, "*c'est le premier pas qui coup.*"

NOTES.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES.—Commencing with January, 1888, this well known journal will be issued as a monthly.

PHILADELPHIA MEDICAL TIMES. The "Medical Times" has changed hands, and is now owned and published by the editors, Dr. Frank Woodbury and Dr. William F. Waugh, Dr. Geo. H. Rohé acting as associate editor. The editors have taken the very desirable step of abolishing insets. An innovation, in the form of signed editorials, has been introduced.

PROFESSIONAL SECRECY.—"L'Union Médicale" says that a Belgian physician has been found guilty of having refused to give the name of the mother of an infant, when registering the birth. Replying to a question put in the Chamber of Deputies, the Minister of Justice states that there was no law compelling a medical man to violate professional confidences. The Belgian Medical Society proposes to investigate this frequently recurring question with a view to attaining a satisfactory solution.

KOCHER'S SUTURE.—DR. N. SENN, in the "Journal of the American Medical Association," describes a method of suture adopted by Kocher, of Berne, which he says ought to be more generally known, as it is done rapidly and neatly. "It is a form of continued suture, either with fine silk or catgut. A long, straight needle is threaded with suturing material, and as an assistant makes traction with a blunt hook upon each angle of the wound, so as to straighten its margins (a procedure which greatly facilitates the suturing), the needle is passed alternately deeply and superficially, so that approximation and coaptation sutures follow one another. In this way a large wound can be stitched accurately in a few minutes.

ANTISEPSIS IN DUELS.—"Le Progrés Médical" gives the "Journal des Sciences Médicales de Lille" as the authority for a new application of the Listerian system, which was probably not foreseen by its

illustrious founder. In a recent duel the combatants had run each other through, notwithstanding which they were up and about in a few days. This fortunate result was due to the precautions taken by Dr. Rodolphe Labusquère, who had sterilized the sword blades by passing them through a flame and kept them, previous to the combat, in carbolic solution. The "Journal," while recommending this to the consideration of intending duellists and their seconds, expresses the opinion that in the future sterilized swords will be sold in tubes stoppered with absorbent cotton.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Return of Ovarian Cyst after Operation.—A Study of Second Dentition.—The Microbes of Paralytic Rabies.—Micro-Organisms in Vegetables.—Composition and Synthesis of Pilocarpine.

The "Journal des Connaissances Médicales," of July 28th, 1887, publishes a note, by M. Vanheeuverswyn, on a clinical case—a return of ovarian cyst after operation.

The patient, a strong, healthy woman, 44 years of age, had been operated upon for an ovarian cyst in 1883 by Professor Adolphe Faucon, who fixed the pedicle of the tumor to the anterior abdominal wall. A suppurating fistula persisted for about six months after the operation and then closed. Menstruation ceased in 1884, and patient observed that her abdomen again began to swell. In March, 1887, she entered hospital. The tumor, which developed very slowly, was as large as a human head. It occupied the lower part of the abdominal cavity, the umbilical and hypogastric region. Patient was operated upon the 7th of March by M. Duret. An incision was made, starting from a few centimetres above the umbilicus, going around it to the left, and descending to within three centimetres of the pubis. On opening the parietal peritoneum the tumor became visible; it was fixed to the cicatricial ombilic of the previous operation. On puncture a small quantity of albuminous liquid escaped. On introducing the hand into the peritoneal cavity it was found that there were no adhesions, and that there was, so to speak, no pedicle, the tumor being implanted on a large base. The surgeon freely opened the cyst and surrounded the tumor with hot flannels and sponges, after which he proceeded to empty it. The contents consisted of a great number of small cysts, and here and there a gelatinous mass, that had to be extracted with the fingers. The greatest part of the tumor was in this way brought out of the abdomen. An artificial pedicle was thus constituted, upon which was placed a Championnets' tweezers, close to the surface of the uterus. It was then divided and tied by numerous ligatures; but, at the external part, in the direction of the pelvis, was a prolongation, in shape like the finger of a glove, full of albuminous liquid,

the end of which it was not possible to reach. This cystic diverticulum was subsequently fixed by silk sutures to the inferior angle of the abdominal wound; the abdominal wound was then closed. The results of the operation were good. No fever during the first three days; but slight fever later, owing, probably, to the suppuration of the extensive wound. There remained a small fistula, that soon closed up from the interior. In the beginning of May, patient was nearly well enough to leave hospital. Examination of the tumor showed that it consisted of a great number of small cysts. In some parts they were so numerous and rudimentary as to present the appearance of the flesh of an orange.

Professor Duret considers this case interesting from two points of view: Where did the relapse occur? How was it possible to pediculate the tumor?

1st.—In his opinion, the relapse did not take place in the ovary on the opposite side, although the presence of the healthy gland was not proved. The cyst was reproduced at the place of the old pedicle, since it was adherent to the cicatrix, immovably fixed in the abdomen, between the parietes and the left horn of the uterus, and that, from the commencement, it was developed in the central part.

2d.—The pedicle of the tumor was formed at once by the opening of the pocket and the emptying of part of the cysts. It was left floating within the abdominal cavity; its pelvic extremity only was fixed. It was impossible to discover the point of implantation of this pelvic extremity, which extended into an excavation behind the matrix.

It may be interesting to add to these observations what Professor Faucon had already said in 1883, after the first operation: "After the ablation it was noticed that the cystic tumor sent a prolongation far away into the pelvis. * * It may be asked whether a small portion of the cystic pocket has not been left in the pedicle?"

M. J. Albarran has published a communication on "The Development of Second Teeth." The author conducted his researches on the jaws of children, aged from three to six and a half years, for the purpose of studying: 1st—The formation of the alveole of the tooth of second dentition. 2d—The development of the alveolo-dental ligament and the mechanism of the growth of the permanent tooth. 3d—The reabsorption of the root of the milk tooth.

Formation of the Alveole of the Second Tooth.—It is known that from the epithelial cord of the milk tooth there springs a secondary germ (*bourgeon*), which, placing itself below and behind the primitive germ, will form the definitive tooth. Soon there appears between the two germs a bony partition, separating the two alveoles; but the alveole of the second tooth is not, as is generally supposed, completely closed towards the gum. There exists at that level, a constant canal (the *iter dentis* of Serres), which contains the fibrous bunch and the epithelial debris of the gubernaculum that were described by Malassez. In a previous work the author attributed the

development of dental cysts to the obliteration or deviation of this canal. His researches corroborate the description of Malassez, and he has always found a large epithelial debris situated high up at the back of the coat of the follicle of the definitive tooth. Above, the debris penetrates the gubernaculum; below, it is prolonged far into the wall of the follicle, and is more or less connected with the external layer of the organ of enamel. The cellules forming this debris are cylindric at the periphery, and the central layers have a pavement appearance, with uniting filaments, and sometimes seem more or less adamantine. The position of this debris behind the second tooth, like that of the germ of this tooth itself behind the germ of the milk tooth; its constant existence, its size, its structure also, all lead to the supposition that this debris represents an atrophied organ, possibly corresponding to a third row of teeth, such as are met with in the lower vertebrate animals. As fast as the second tooth is developed, the follicular cavity also increases and approaches more and more to the gum. Meanwhile, the inter-alveolar partition is destroyed by ostitis, from above downwards, at the same time that the root of the milk tooth gradually disappears. There exists now only one large alveole, of which the anterior wall is formed of the anterior wall of the alveole of the milk tooth, and of which the posterior wall corresponds to the posterior wall of the gingivo-alveolar canal (*iter dentis*), which has ceased to exist. This alveole contains the two teeth, the milk tooth and its substitute, separated only by a simple conjunctive partition, which is constituted by the union of the wall of the follicle of the second tooth and by the corresponding portion of the ligament of the milk tooth. This alveole will itself be soon destroyed by ostitis from below upwards to a level with the root of the second tooth; that is to say, to where the wall of the follicle of that tooth is continued with the papilla. Therefore, it is evident that ostitis destroys all that portion of the bone that constituted the alveole of the milk tooth, the gingivo-alveolar canal, and even to a considerable portion of the bony shell of the follicle of the second tooth. The definitive alveole will have no connection with the primitive one. It will be entirely formed by that portion of bone which surrounds the root of the second tooth, as fast as it is being developed.

Development of the Alveolo-Dental Ligament.—As fast as the tooth is forming, the cavity of the follicle increases, first at the expense of the gubernaculum, and afterwards at the expense of the bony partitions that successively disappear; so that, at a certain period, when the root of the milk tooth has entirely disappeared, the summit of the cavity is on a level with the papillæ of the gum, just behind the milk tooth. Until then the follicular cavity is quite closed, and is even seen to be clothed with a layer of epithelial cellules united by filaments. This layer is thicker above and on each side of the summit of the vault than in the lower parts, and it is easy to understand its signification when considered simply as the

most external part of the organ of the enamel, of which the cellules have not yet undergone adamantine evolution and the papillæ of which have disappeared. The gum is now soon pierced, the milk tooth falls, and the cavity of the follicle communicates with the buccal cavity; the epithelial layer, just mentioned, will then continue with the epithelium of the gum and what remains of it will form, later on, a portion of the epithelium of the setting. Meanwhile, and until the complete eruption of the tooth, the soft parts will become atrophied in the same way as the bones and the root of the milk tooth; the gum will become lower, and the deep circular *cul-de-sac*, that existed when the tooth came through the gum, and that corresponded to the entire depth of the follicular cavity, will be reduced to the usual little furrow that is seen around the newly pierced tooth. All that remains, therefore, of the follicle is a small portion, coinciding with the gum around the edges of the setting. While the superior parts are becoming atrophied, the root is developing in the lower parts; the cement is formed in the midst of the conjunctive tissue, and that part of this tissue that is comprised between it and the bone forms the alveolo-dental ligament. At the outset the fibres of the ligament have a general direction parallel to the new root, but they soon become oblique from above downwards and from within outwards, this obliquity being more manifest in the upper fibres. This disposition is easily understood when it is considered that the fibres are forced up by the thrust upwards of the tooth. Those that are highest, being of oldest formation, will be most oblique, and when the tooth is quite developed some fibres will be seen at that level that have a cross direction, and are even oblique in the contrary direction. This was already observed on the adult subject by Malassez.

Destruction of the Root of the Milk Tooth.—This occurs by simple ostitis. The ligament of the milk tooth has the same fate and disappears.

Mechanism of the Growth of the Second Tooth.—Nearly all the soft and hard parts that were above the inferior *cul-de-sac* of the enamel organ, from the point where the root begins to form, have been seen to disappear; it would therefore be more exact to say that the tooth grows more by the lowering of the gingival border than from its own thrust upwards. But it is to be remembered that there is another parallel mode of progression caused by the development of the root. A third factor is represented by the development of the jaw itself; development which takes place more particularly on the convex part of the bone covered by a thick periosteum. This mode of development naturally pushes the young tooth upward.

M. Albarran, in conclusion, establishes the following propositions:

1st.—All that part of the maxillary comprised between the border of the alveole and the *cul-de-sac* of the enamel organ of the second tooth disappears by rarifying ostitis. The definitive alveole is there-

fore entirely of new formation, its development going on at the same time as that of the root.

2d.—The alveolo-dental ligament, the formation of which is contemporaneous with that of the root and of the alveole, is independent of the sides of the follicle. This ligament proceeds from that portion of conjunctive tissue that has not been transformed into bone or cement. The obliquity of the fibres of the ligament is caused by the upward thrust of the root and corresponds to its height.

3d.—The root of the milk tooth is destroyed by simple osteitis.

4th.—The second tooth grows, because: (a) the soft and hard parts situated above the root are destroyed and disappear; (b) the root grows; (c) the jaw is developed principally by its lower border.

5th.—There exists in man, independently of a certain number of epithelial debris, disseminated and of minor importance, a voluminous epithelial mass, situated behind the second tooth and proceeding probably from the epithelial cord of this tooth, and which mass appears to represent an atrophied organ, corresponding to a third row of teeth.

MM. Motte and Protopopoff have lately made some remarkable experiments at the laboratory of Professor Kostourine, at Kharkoff, on wolf's rabies. Having obtained a wolf, aged one year, they inoculated him with an emulsion of the medulla of a dog that had died of street rabies, and, at the same time, they inoculated the same quantity of rabic virus on a dog. This last animal remained in perfect health, whereas, twelve days and four hours after the inoculation, the wolf fell ill and died two days afterwards, presenting all the symptoms of paralytic rabies; the autopsy was performed half an hour after death. Several dogs and rabbits were then inoculated with the medulla of the wolf, and they generally died after the usual period of incubation of canine rabies. The virulence of the rabic principle of the dog is, therefore, not modified by its passage into the organism of the wolf—and this confirms M. Pasteur's opinion ("Comptes-rendus," 1886) that the rabic virus is identical in both animals. The authors now continued their inoculations. A first rabbit was inoculated by trephining, with the medulla of the wolf; it shortly became rabid and died, and a second rabbit was inoculated with its medulla, a third with that of the second, and so on. The fifth rabbit died in less than twenty-four hours, with a marked acceleration of the symptoms of paralytic rabies. A sixth rabbit was inoculated with medulla from the fifth and died in twenty-four hours, after rapid paralysis of the posterior extremity and without elevation of temperature. In making an autopsy on the sixth rabbit there was found in the meninges an abundant milky liquid, in which microscopic examinations revealed the presence of innumerable microbes, in form of extremely fine, short *batonnets*. There were hardly any lymphatic corpuscles in the liquid which might be considered as a pure culture of the microbe. Continuing their experiments, the authors observed that all the parts of the central

nervous system possessed the same virulent properties. All the rabbits inoculated with medulla, diluted in sterilized bouillon, died in twelve hours, with the same symptoms as the others; the same liquid was found in their brain, with the same *batonnets*. Their blood also contained the same microbes, but in lesser quantity, and its inoculation was also fatal, though less rapidly.

MM. Motte and Protopopoff propose shortly to publish the result of their researches on the microbe they have discovered. This microbe, in pure cultures in bouillon, is very active, killing rabbits in twelve hours, with all the symptoms of paralytic rabies. In confirmation of these facts, shortly afterwards three moudjiks came to Kharkoff for treatment, having been bitten by a mad wolf. The animal had been killed and buried. Five days afterwards it was disinterred, an autopsy performed, and a dog and a rabbit were inoculated by trephining with some of the medulla. Seven days afterwards the rabbit died of paralytic rabies, and the same micro-organisms were found in its medulla. The authors expect to be able to prove that these microbes exist in all cases of inoculation of the rabic virus of the wolf.

In the "Journal des Connaissances" of August 11th, there appears a second note from Dr. Galippe on "The Presence of Micro-organisms in Vegetable Tissue," of which the following is a summary: Dr. Galippe says that after the publication of his first paper on this subject, he received a number of objections from different quarters, the principal of which were the following: That the histological structure of vegetables was opposed to the entry of micro-organisms. The answer to this is that the experiments of Dr. Galippe, made with care, prove exactly the contrary. Other objections, purely theoretical, it is not necessary to further allude to. The most serious objection was that it was possible that the micro-organisms discovered in vegetables by Dr. Galippe had perhaps penetrated by the wound caused by the knife in cutting them, and again was he sure that he had not, during the different manipulations required for his cultures, introduced into his tubes micro-organisms from the atmosphere? In order to reply conclusively to this last objection and to determine the proportion of error possible in these experiments, the doctor made cultures in a certain number of tubes containing the culture liquids he usually employs, together with inorganic bodies (pumice stone) sterilized by heat. He experimented on seventy-nine tubes, into a large number of which he introduced several fragments of pumice stone. He was thus obliged to open the phial containing these fragments more than one hundred and sixty times during the course of his experiment. This was on the 19th of July, and not a single tube has become fertile. The chance of introduction of micro-organisms is therefore very slight indeed. As to the danger of introduction through the wound caused by the knife in cutting the vegetable before hand (by servant or gardener), Dr. Gallipe insured absolute security by having the vegetables dug

up before him, care being taken not to damage the root; they were then carried directly to his laboratory, cleared of earthy matter and at once submitted to experiment.

The following are the results of his experiments: 1, Cauliflower. From July 30th three series of tubes were fertilized. They are saliva sweetened and peptonized; beef extract sweetened and peptonized; saliva sweetened, peptonized and neutralized; beef extract sweetened, peptonized and neutralized. Ordinary beef extract has remained sterile up to the present day, August 11th. Proportion 8 in 10. 2, Common cabbage. From July 30th most of the tubes appear fertile. Shortly afterwards all the tubes cultivated had given positive results. These two series of experiments prove that the micro organisms discovered by Dr. Galippe in the cabbage really exist normally in the plant during its life-time. With a cauliflower purchased under ordinary conditions, a great number of tubes were fertile, 7 in 10. Red radishes, in two series of experiments also gave positive results; in one case 8 tubes in 10 were fertile; in the other all the tubes were fertile. The black radish also gave positive results in two series of experiments. In the first, July 5th, black radishes purchased under ordinary conditions were submitted to experiment. Already on July 7th most of the tubes appeared fertile. Among them may be mentioned the saliva sweetened, peptonized and neutralized; saliva sweetened and peptonized, and beef extract sweetened, peptonized and neutralized. The second series, July 28th, gave also satisfactory results with black radishes dug up before the doctor. On August 1st all the tubes were fertile. Dr. Galippe closes by maintaining the conclusions of his first note, but continues his reserve with regard to the mode of penetration of the microbes, as well as to the part they may have to play in the economy of the vegetable tissues.

At a recent meeting of the Académie de Medecine, M. Schutzenberger presented a note from MM. Hardy and Calmels "On the Composition and Synthesis of Pilocarpine." Pilocarpine is an alkaloid found in the "*Pilocarpus Pinnatus*" (*Jaborandi*). It was first obtained in 1875 by M. Hardy from leaves of that plant. It is a viscid matter that gives well crystalized salts numerously applied in therapeutics. Pilocarpine is transformed into pilocarpic acid by absorption of one molecule of water. It changes into pilocarpidine by the loss of methylic alcohol, and into pyridino-lactic acid by disengagement of trimethylamine. These reactions show that it is at once pyridine, alanine and betaine. It is reproduced by synthesis starting from pyridino-lactic acid, which takes place in two phases: 1st, transformation of pyridino-lactic acid in pilocarpidine; 2d, by transformation of pilocarpidine into pilocarpine. The physiological properties of synthetical pilocarpine are the same as those of natural pilocarpine. Injected into the internal saphena vein of a dog, it produces a considerable flow of saliva, as may be shown by placing a canula in the excretory canal of the sub-maxillary gland of a dog;

also, a few drops, poured upon the heart, previously exposed, of a frog, stop the movements, which reappear under the influence of a few drops of atropine.

PARIS, Oct. 1st, 1887.

BERLIN.

The Surgical Institute—Aseptic Operations—A New Antiseptic—Chloroform the Anæsthetic—Iodine injections in Struma.

According to promise, I take pleasure in reporting to you some observations, pertaining to the study of medicine and surgery, that I have made during my present stay in this city. As up to date I have principally occupied myself with the study of surgery, I shall in this letter refer only to that subject.

In the absence of Prof. Bergmann (successor of Langenbeck), Director of the Surgical Institute, I called immediately after my arrival on Dr. Fehleisen, his first assistant, who received me very kindly and permitted me to attend the daily polyclinic held at the Institute. The clinic commences every morning at ten o'clock, and lasts till about two P. M. During these hours from 200 to 300 patients are attended. Minor cases, and such as have been previously in attendance, are disposed of at once. Cases of importance, in which operations have to be performed, are retained till the close of the hours. The larger operations are performed by Dr. Fehleisen himself, the smaller ones are distributed, to be attended to, among the students and practicans.

The method of operating followed in the Institute is called aseptic, in contra-distinction to antiseptic. By the former method, it is supposed that the septic germs are prevented from the beginning from coming in contact with the wound; by the latter, that they do obtain admittance, but are destroyed by the disinfectants in use. The great faith that we have in disinfectants does not here prevail; they believe much more in the prevention of sepsis than in remedying it after it has set in. The bichloride of mercury in solution is recognized as one of the best germicidal agents known, and is in general use here; yet, on account of its inability to affect septic germs in albuminous liquids—blood, serum, etc.—and owing to its instability, as it readily decomposes, it is not considered infallible and the search for new and better germicides has not yet ceased. At the present time experiments are made here in this, and also in the Hygienic Institute by a Doctor Laplace (an American) with an acid solution of the bichloride of mercury, an invention of his own, the results of which are not yet published. It is expected of this liquid, on account of its acid reaction and chemical composition, that it will be active in the presence of albumen. In operating, the greatest cleanliness is observed everywhere and in everything. The operating rooms are large, airy, with hard finished walls and cemented floors with a drain in the centre, so that, after the clinic

is over, they can be washed out thoroughly. All bandages and material used for dressing are thoroughly sterilized by heat, then nicely arranged on tables in each room and no one even touches anything with his fingers. All instruments that are used are left continually submerged in a three per cent. solution of carbolic acid. Sponges are not used at all, but instead, small pieces of disinfected gauze. For ligatures and sutures, even the finest, catgut is exclusively used; it is kept in an alcoholic solution of bichloride of mercury. Before the operation commences the operator, as well as the assistants, disinfect their hands thoroughly. The part to be operated on is also thoroughly washed with water, soap, and finally the bichloride solution. In operating, the loss of blood is, as much as possible, avoided, either by circular or digital compression, even for such a small operation as ingrowing toe nail Esmarch's bandage would be applied. I witnessed a beautifully performed operation for harelip, where, in consequence of digital compression, the assistant holding both lips with his fingers close to the corner of the mouth, hardly a drop of blood was lost. The material used for dressing does not essentially differ from what we employ in Sacramento. Iodoform, disinfected gauze, gauze bandages, cotton, jute, three per cent. carbolic acid solution and one-half per cent. sublimate solution. The sublimate solution is used principally by means of an irrigator. Powdered iodoform is used freely with every dressing. For disinfecting deep wounds, after removal, for instance, of a tumor, the cavity is washed with a saturated solution (about fifteen per cent.) of iodoform in ether.

The only anæsthetic employed, not only in this but also in all other hospitals of Berlin is chloroform. Accidents have already happened from its use, but they occur so seldom that they are entirely overlooked. They have been very successful in this clinic with the treatment of struma by injecting with a hypodermic syringe, once weekly, about fifteen drops of tincture of iodine directly into the tumor. A large number of cases come every Wednesday to the clinic for such treatment.

A. E. BRUNE.

BERLIN, September 28th, 1887.

BOOKS AND PAMPHLETS RECEIVED.

The Physician's Leisure Library for 1886. 12 numbers. Nos. 1 to 4 for 1887. Detroit: Geo. S. Davis.

This series of publications presents a unique departure in medical literature. It is an attempt by the publisher to issue a number of popular works by well known authors at a figure which must enable every practitioner to possess them. A further accommodation is provided in the fact that any one volume can be purchased separately, a feature distinguishing the "Leisure Library" from more expensive publications of a similar character. The volumes are broad octavo size, printed on heavy calendered paper, with wide margins.

The typography is clear and distinct. They are bound in paper covers, lithographed. The price for the series of twelve numbers is \$2.50; single copies 25 cents. In cloth \$5.00; 50 cents.

For all practical purposes the cheaper form is sufficient, and it is safe to say that the same value cannot be elsewhere obtained for a like investment. The numbers so far issued for 1887 fully maintain the high standard of the series. The general style of the work is similar, with the exception that the pages are printed in brown ink, an innovation which very much detracts from the otherwise fine appearance of the work.

In subsequent numbers we will notice the volumes separately. The series published to date comprises—1886: Inhalers, Inhalations and Inhalants, Beverley Robinson. The Use of Electricity in the Removal of Superfluous Hair and the Treatment of various Facial Blemishes, Fox. The Modern Treatment of Ear Diseases, Sexton. Spinal Irritation, Hammond. The Modern Treatment of Eczema, Piffard. Antiseptic Midwifery, Garrigues. On the Determination of the Necessity for Wearing Glasses, St. John Roosa. The Physiological, Pathological and Therapeutic Effects of Compressed Air, Smith. Granular Lids and Contagious Ophthalmia, Mittendorf. Practical Bacteriology, Satterthwaite. Pregnancy, Parturition and the Puerperal State and their Complications, Mundé. 1887: Diagnosis and Treatment of Hæmorrhoids, Kelsey. Diseases of the Heart, Vols. I and II, Dujardin Beaumetz. Modern Treatment of Diarrhœa and Dysentery, Palmer.

The Physician's Perfect Call-Book and Record. By Dr. G. Archie Stockwell, F. Z. S. Detroit: Geo. S. Davis.

This is a new pocket calendar, arranged upon a plan of its own, and adapted for thirty-two patients upon each page. It is a very convenient memorandum book, thoroughly practical and useful, of handy form and size, well made, and its typography is excellent. It will be a useful companion to the practitioner.

The Modern Treatment of Ear Diseases. By Samuel Sexton, M. D., Surgeon New York Eye and Ear Infirmary. "Physician's Leisure Library" Series. Detroit: Geo. S. Davis.

This little work contains much useful information, in a concise and accessible form. For the busy, general practitioner, who has not the time to study the more exhaustive treatises on otology, but who is often compelled to treat ear troubles, it is particularly useful. The author has much faith in constitutional treatment in aural troubles. He seems to place especial confidence in calcium sulphide, which he gives in doses of from $\frac{1}{30}$ to $\frac{1}{20}$ of a grain every two hours, where there is a tendency to the formation of pus, either from mucous, skin or cellular tissue. In a series of 2100 hospital cases which the author has classified, there were 555 cases of chronic catarrhal inflammation of the middle ear, and his treatment and prognosis in this very obstinate disease is somewhat surprising. The treatment

consists in administration of from $\frac{1}{50}$ to $\frac{1}{10}$ of a grain of mercury three or four times daily for a long period, systematic removal of secretion from naso-pharynx when necessary, and the use of soothing applications to the mucous membrane of the upper air passage. Hyper-trophied tonsils and dead teeth are removed. He says: "The above treatment was often successful, and while it may not always eradicate the disease, we may certainly arrest its further progress." We believe that in this affection there is at present no method of treatment which will justify so hopeful an opinion.

Inhalers, Inhalations and Inhalants. By Beverley Robinson, M. D., Clinical Professor of Medicine at the Bellevue Hospital Medical College, N. Y. "Physician's Leisure Library" Series. Detroit: Geo. S. Davis.

The large experience of the author in treating throat and nasal diseases, has enabled him to give much sound and practical information to those who have not the benefit of extensive clinical practice. The work contains a description of most of the modern instruments for the administration of sprays, steam inhalations, etc., with the preparations best adapted to treatment of disease by this method.

Santa Clara County, California. Vol. 1, No. 1. San Francisco: W. B. Bancroft & Co.

This is a handsome number of 93 pages, profusely illustrated and descriptive of Santa Clara and its environs. Amongst the articles is one on the Climatology of San Jose and the Santa Clara Valley, by W. S. Thorne, M. D., which presents much valuable information in an interesting manner. The work will be issued quarterly under the auspices of the Board of Trade of San Jose, which is to be congratulated on its very commendable enterprise.

Transactions of the New York Academy of Medicine. Vols. IV and V.

The Physician's Visiting List (thirty-seventh year) for 1888. Philadelphia: P. Blakiston, Son & Co.

The Visiting List is substantially bound in leather, wallet form, with pocket and tuck, measuring $6\frac{1}{8} \times 3\frac{7}{8}$ inches. It is arranged for 25 to 100 patients per day or week. It comprises the usual visiting list, memoranda, obstetrical record, and cash account, arranged in a compact manner, a dose table, list of new remedies, etc. Two very useful notes on examination of the urine, by Judson Daland, and on Incompatibility, by S. O. L. Potter, are included.

Sexual Impotence. By Wm. A. Hammond, M. D., Surgeon-General U. S. Army (retired list). Professor of Diseases of the Mind and Nervous System in the New York Post-graduate Medical School and Hospital, etc. Detroit: Geo. S. Davis. 303 pp.

A second edition of this well known work has been called for and recently issued. It includes a chapter on impotence in the female,

which is a valuable addition to the original work. With this exception there are few alterations. It is apparent that with his increased experience the author relies mainly on psychical influences in the treatment of sexual impotence, and in this department he is certainly an adept. His varied resources have been taxed to their utmost in dealing with cases of this character, and in this work he embodies the best results, after years of successful experimentation. The descriptions of cases are interesting, the diagnoses clear, and the treatment very minutely described, while the results testify to the success of the method employed. The work is essentially practical in its character, and will be found a useful guide in the treatment of this unfortunate condition.

Licentiates of the Board of Examiners.

At the regular meeting of the Board of Examiners held October 5, 1887, the following physicians were granted certificates to practise medicine and surgery in this State:

- John N. Baylis, San Bernardino, Univ. of Penn., Mar. 1, '86.
 Christian Bernhard, Visalia, Kansas City M. Coll., Mo., Mar. 4, '84.
 Charles Virgil Bogue, Los Angeles, Rush M. Coll. Ill., Feb. 19, '84.
 Albert C. Bowerman, Modesto, Univ. Toronto, Canada, June 8, '76.
 James M. Embry, Pomona, Univ. Louisville, Ky., Mar. 1, '70.
 William Farris, San Francisco, Coll. Phys. and Surgs., Republic of Iowa, Iowa, Feb. 25, '79.
 Newell K. Foster, Oakland, Long Island Coll. Hosp. N. Y., June 28, '78.
 William M. Gough, Los Angeles, Med. Dept. Univ. of Louisville, Mar. —, '48.
 Herman E. Hasse, Los Angeles, Julius Maximilian Univ. Bavaria, Jan. 19, '61.
 Thad. W. Helm, Pomona, Missouri M. Coll., Mo., Mar. 2, '86.
 Albert Maldonado, San Francisco, Bellevue Hospital M. Coll., N. Y., Mar. 14, '87.
 Thomas Franklin McGee, Azusa, Missouri M. Coll. Mo., Mar. 4, '84.
 Lorenzo Northrup, San Diego, Rush M. Coll., Ill., Feb. 3, '69.
 Luther Milton Powers, Los Angeles, Washington Univ. School of Medicine, Md., Feb. 22, '77.
 John L. D. Roberts, Monterey, Univ. City of New York, Mar. 6, '85.
 David F. Rupp, San Diego, Kansas City Coll. of Phys. and Surgs., Mar. 4, '79.
 Asbury J. Russell, Oakland, Univ. of Wooster, Ohio, Feb. 27, '68.
 John Innes-Stephen, San Francisco, King and Queen's Coll. of Phys. Ireland, July 23, '86.
 Hayward Glazier Thomas, Concord, Jefferson M. Coll. Phila., Penn., April 5, '87.
 WM. M. LAWLOR, Secretary.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM SEPT. 20 TO OCT. 20, 1887.

Major P. J. A. Cleary, Surgeon, will proceed from Fort Huachuca to Fort McDowell, A. T., and report to the commanding officer for duty as Post Surgeon. S. O. No. 111, Dept. Arizona, October 18, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS, U. S. NAVY (PACIFIC STATION), FROM SEPT. 20 TO OCT. 20, 1887.

October 6th: Ernest L. Norfleet, P. A. Surgeon, detached from duty at Naval Hospital, Mare Island, and ordered to Insane Asylum, Washington, D. C., in charge of twelve insane patients.

October 11th: Surgeon Henry P. Harvey sailed from San Francisco for Honolulu, H. I., to report for duty on board the U. S. S. "Mohican," as the relief of Surgeon S. H. Cooke.

Public Health.

Reports from Cities on the Pacific Coast of 10,000 inhabitants and upwards, for the Month of September, 1887.

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	60,000	9.40	47	5	9	9	3	3	...	18
Oakland.....	50,000	11.28	47	10	7	26	1	3	....	....
Sacramento	30,000	10.80	27	2	5	9	3	3	....	5
San Francisco.....	280,000	18.30	427	67	58	192	35	31	....	44
San Jose.....	20,000	16.20	27	10	6	8	1	....	1	1
Stockton.....	15,000	10.40	13	4	....	7	1	1	....	....

Meteorological Summary for the Month of September, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.			WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell	Total Rainfall.	Mean relative humidity.	No. of Days				
								Clear.	Fair.	Cl'dy.		
Auburn, Cal	98	38	71.0	—	—	1.09	—	—	—	—	W.	South. Pac. Co.
Colfax, "	98	48	69.0	—	—	.68	—	—	—	—	N.	"
Eureka, "	—	—	—	—	—	—	—	—	—	—	—	"
Los Angeles, "	91.0	49.2	68.2	24.4	1	.18	82.0	15	12	3	W.	Sig. Ser. U.S.A.
Monterey, "	83	50	62.6	—	—	.25	—	—	—	—	N. E.	"
Oakland, "	82	48	60.68	15.23	2	.27	89.83	22	5	3	SW. W	J. B. Trembley.
Paso Robles, "	100	48	69.3	—	—	.00	—	—	—	—	S.	South. Pac. Co.
Red Bluff, "	101.3	48.5	76.4	29.9	3	.06	32.5	23	6	1	N.	Sig. Ser. U.S.A.
Sacramento, "	100	45.7	70.4	31.0	1	.02	53.3	23	7	0	N. W.	"
San Diego, "	79.4	58.0	65.7	9.5	1	T*	83.7	5	22	3	N. W.	"
San Francisco, "	89.0	49.9	60.4	17.2	5	.29	75.0	17	11	2	W.	"
Santa Barbara, "	81.2	51	66	15.6	1	.38	—	24	4	2	W.	Hugh D. Vail.
Santa Cruz, "	91	45	65.1	—	—	.42	—	—	—	—	S.	South. Pac. Co.

Dash (—) indicates reports missing.

CLEAR DAY—One on which cloudiness is 3 or less on a scale of 10.

FAIR DAY—One on which cloudiness is from 3 to 7.

CLOUDY DAY—One on which cloudiness is over 7.

* T trace of rain.

The Sacramento Medical Times.

Vol. I.

DECEMBER, 1887.

No. 10.

ORIGINAL ARTICLES.

WOUND INFECTION FROM POST-MORTEM EXAMINATIONS.

By ALBERT ABRAMS, M. D., San Francisco, Cal.

Any suggestion made to the pathologist with reference to the prevention of infection emanating from wounds received during *post-mortem* examinations; is hailed with delight. The character of this communication would discountenance any exhaustive inquiry into the nature of the toxic agent involved in the production of these wounds, aside from the fact that the character of this substance is not positively known. It is customary to look upon the *cadaver* as the embodiment of noxiousness, a supposition which has been empirically determined by allusion to the usual dangerous character of wounds often received at *post-mortem* examinations. The changes occurring in the body after death are associated in the main with the putrefaction of organic matter, whereby the proteids are converted into soluble peptones, these into leucin and tyrosin, which, in their turn, by further oxidation, ultimately yield ammonia and its salts and nitrates of inorganic elements, together with the development of gases, such as ammonia, sulphuretted hydrogen, etc. These changes, as recent scientific researches undoubtedly prove, are attributable to microbes, which draw upon the nitrogen of nitrogenous compounds, thus effecting their disintegration. Similarly carbo-hydrates and inorganic salts are dissociated. Certain alkaloids, collectively termed *ptomaines*, are developed during this putrefaction, which are extremely toxic in their nature. Putrefaction usually follows the *rigor mortis*, which latter begins from 12 to 24 hours after death, continuing from 24 to 48 hours. Appreciable putrefaction sets in then, about the third day after death.

Granting that the putrefactive *cadaver* is the invariable source of infection, then it would be reasonable to assume that the more decomposed, so would likewise be the noxiousness of the body. Experience, however, dictates a contrary teaching, viz: that wounds received from the fresh subject are usually the most pernicious. We have, furthermore, the means of observing that wounds inflicted during dissection, notwithstanding the subjects have been carefully injected with an antiseptic preparation, often lead to disastrous consequences.

It is difficult, with the meagre evidence afforded us by science, to invariably refer all wounds received during *post-mortem* examinations back to the *cadaver*. Another factor must likewise be involved. Prof. J. O. Hirschfelder, of this city, very ingeniously suggested that our *post-mortem* instruments are in a great measure responsible for many intractable wounds. Putrefactive material remaining on our anatomical instruments affords a ready source of infection; and when we remember how little time is bestowed in cleaning such instruments, we are only surprised that infection is not more frequent. It is customary with Dr. Hirschfelder, at the time of a necropsy, to immerse the instruments in an antiseptic solution, preference being given to a five per cent. solution of carbolic acid. It is likewise of advantage to have in immediate readiness a vessel containing an antiseptic solution, in which, from time to time, the hands are immersed. In brief, we should be so pedantically antiseptic, that we fear infecting the *cadaver* with some unclean instrument.

A CASE OF HYSTERICAL COMA, WITH REMARKS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal.

On September 24, 1887, Miss X——, aged 19, of previous good health, while “down town,” ate somewhat freely of ice cream. She was taken shortly after with a “fainting spell.” Simple remedies were administered and the patient was taken home, where I saw her on the following morning. I learned that she had slept all of the evening and night before, and well on into the morning of the 25th, and that her friends were alarmed because they found it impossible to wake her. Her skin was profoundly anæsthetic; severe pinching and sudden and repeated pricking produced no evidence of pain; or even of sensation in response. All efforts to rouse her

were fruitless. Liquids introduced into her mouth were unnoticed, but, if pressure were made externally at the base of the tongue, they were slowly swallowed. Castor oil was ordered to clear the intestinal tract. Hoping to reach the sensorium by the gustatory and olfactory nerves, I prescribed a mixture of valerian and assafoetida. This was taken, however, with indifference, and, the coma continuing, Dr. G. L. Simmons saw the patient with me in the afternoon. Her condition was unchanged and the treatment continued. During the night of the 25th she occasionally muttered unintelligibly, but did not arouse. The following morning, although she did not call for it, she aroused sufficiently to swallow a small quantity of liquid nourishment.

On the 26th I found the same conditions of coma and anæsthesia. I tried to rouse the patient with aqua ammoniæ, held under the nostrils. She seemed slightly uneasy and held her breath, but did not awaken, and, fearing to produce inflammation of the nasal mucous membrane, I desisted. To produce a more permanent impression on the gustatory nerve tincture of aloes was added to the previous mixture. This was taken, however, with equal indifference. Occasional incoherent muttering was repeated during the ensuing night.

September 27th: No change, except that patient has been roused sufficiently to open her eyes for a moment and utter a few incoherent words. Swallows liquids and soft solids when introduced into her mouth, but calls for nothing.

No improvement manifesting itself in the meantime, on the 30th of September it was decided, after consultation, to try the interrupted current. Accordingly, placing an electrode in the palm of each hand and closing the fingers over it, I rapidly raised the current to the maximum. After a moment of writhing, the patient opened her eyes with a dazed expression. She had evidently experienced a "new sensation," and one not altogether agreeable. The current was continued for two or three minutes, when she was thoroughly roused and begged to have it stopped. Although awake, she still had a confused expression, as though it were difficult or impossible for her to take in the situation. Gradually, however, she seemed to adjust herself to her surroundings, and in a few hours she resumed her normal expression. Yet, occasionally she had a far-away look and an obliviousness to her environment suggestive of ecstasy. Apprehending a relapse, I gave, in her presence, strict orders to use the battery on the slightest re-

turn of coma, and even on the least difficulty in rousing her from the ecstatic condition. The battery was used but once, and then rather to demonstrate the thorough good faith of the attendants than from the necessities of the case. The fits of abstraction diminished in frequency and length, and on the 30th of October the patient returned to her home. The three months of her residence in Sacramento, including the five days of coma, are to her a total blank.

Hysteria was once considered, and there are not wanting those who still consider it, a neurosis of exclusively uterine causation. More probably, however, it is an inhibition more or less complete, in coma amounting to abolition, of the normal activity of the will and of the higher intellectual faculties, sometimes centric, especially emotional, sometimes peripheral, in origin. Probably, too, in many cases, there is, on the part of the higher nervous centres, either an inherent weakness or an impairment of resistance to inhibitory influences—just as there often is on the part of the cardiac centre of the medulla oblongata; some people faint on the slightest provocation, others not on the severest. The comparison may be carried still further: while, on the one hand, the resistance of the cardiac centre to inhibitory influences may be enfeebled*, on the other hand, a normal resistance may be overcome by unusual peripheric irritation.

The treatment should be directed to (1) the removal of all sources of eccentric irritation and of emotional disturbance; (2) the stimulation and building-up of the will and higher intellectual faculties; (3) the restoration of the general health and the improvement of the nutrition of the nerve tissues.

1. In children, in women, and perhaps no less in men also, especially in those of a nervous temperament, we constantly observe a notable increase of irritability of the nervous centres, in consequence of indigestion. This irritability finds expression quite as often in peevishness, in ill-temper, in cynicism, in hypochondriasis, in melancholia, and in pessimistic views in general, as in neuralgia, in perversions of sensibility and in anomalous and uncontrollable muscular movements. When dependent on indigestion, this irritability is the product in part of reflex action resulting from local irritation of the gastro-intestinal tract, and, in part,

*It were more correct perhaps to say "increased activity of the inhibitory apparatus," rather than "diminished resistance to inhibitory influences;" but the parallel holds in either case.

probably in greater degree, of malnutrition of the nerve tissues, as well as of their poisoning by the products of decomposition.

Judging no less from experience than from analogy, I am convinced that the exciting, if not the predisposing, cause of hysterical outbreaks emanates not infrequently from the digestive organs. Regulation of the digestive functions, then, is of the first importance, not only in the removal of eccentric irritation, but also in the prevention of poisoning and the promotion of nutrition of the nerve tissues. Displacements and congestive and inflammatory conditions of either the uterus or the ovaries are occasional sources of peripheral irritation, and should be corrected. Emotional disturbance in ill-regulated nervous systems is often the immediate exciting cause of an hysterical attack, and, whether of sorrow, of chagrin, or of immoderate laughter, should be studiously avoided.

2. The psychological and nervous inco-ordinations of hysteria demand strict discipline of the intellect and will. The dominance of the will must be asserted until self-control becomes a habit. If spontaneous control is impossible the will-power may be effectually stimulated by the interrupted current. Its virtue consists chiefly in its profound physical as well as moral impression. It should be rapidly raised to the *effective* strength, and be re-enforced by all the moral influences that circumstances suggest.

3. Morbid conditions associated with hysteria should receive appropriate treatment. Cachæmia, which in its various forms, seems not infrequently to sustain a causative relation to the finer organic lesions of the nervous system demands particular attention. Iron, lime, soda and potash salts, especially in the form of phosphates or hypophosphites, strychnia, quinia, arsenic and cod-liver oil, judiciously alternated or combined, are our most trustworthy reconstructive tonics, but they must not be prescribed to the neglect of a proper dietary. Strict hygienic discipline should be maintained all along the line—intellectual, moral, physical. Further elaboration would be inconsistent with the limits of this report.

CLINICAL MEMORANDA.

POSSIBLE INFLUENCE OF MATERNAL IMPRESSIONS ON THE FŒTUS.

On October 1st, 1887, Mrs. — gave birth to a fully developed female child with double talipes varus. On attempting to bring the feet into proper position the tibialis posticus and flexor longus digitorum muscles could be seen to be too short, their tendons being put on the stretch. Owing to the death of the child on the fourth day after birth the operation of subcutaneous tenotomy was not performed. Some time during the spring months, I could not get the exact date, while the mother was pregnant with this child, her husband carried a young duck with double talipes varus into the house and showed it to his wife, who made the remark, "What funny feet it has; you had better kill it."

Lower Lake, Cal.

M. A. CRAIG, M. D.

DEPARTMENTS.

OBSTETRICS. DISEASES OF WOMEN AND OF CHILDREN.

By WALLACE A. BRIGGS, M. D.,

WHEN SHALL WE OPERATE IN OVARIAN AND TUBAL INFLAMMATIONS?—In a paper read before the Ninth International Medical Congress, after stating the grave objections to removal of the ovaries and tubes, J. E. BURTON, M. R. C. S., proceeds to say that they should be removed only after (1) prolonged treatment by less heroic and radical measures; (2) consultation with colleagues; (3) full explanation of the nature of the proposed operation and its results to the patient herself and to her nearest friend. The operation is justifiable in (1) rapidly-growing or bleeding myomata after other treatment, patiently carried out, has failed. But there should be no doubt either as to the accuracy of the diagnosis or as to the fact that the tumor is growing in spite of medicinal treatment. My own experience has shown me that patient and appropriate treatment will eliminate a considerable number of these cases from the category of those demanding "spaying." Probably no tumors are so amenable to medicinal treatment as are those of the uterus. 2. Pyosalpinx, if life is threatened by repeated attacks of peritonitis. Here the operation may or may not be called for. Many writers speak as if the disease unconditionally demanded removal of the tube or tubes affected. This assumption of theirs is founded on the erroneous view that when once suppuration has taken place in

a tube, and both ends are occluded, that the pus cannot be absorbed, no period of quiescence can set in, in which the disease renders the case neither dangerous nor painful, but that the pus must inevitably find an exit by bursting somewhere. But ophthalmology teaches us that pus does become absorbed from the anterior chamber of the eye; and if from a place where the process can be observed, why should it be too much to assume that it may also from a place where it cannot be seen? The micrococci that originate the pus are very short lived, their term of active mischief is soon over, and in a short time, even if the pus is not absorbed, a period of quiescence sets in when the purulent sac becomes a perfectly harmless guest whom it is not wisdom to evict. That this is so is shown by the large number of tubes in our museums, and shown at meetings filled with solid inspissated pus. Such tubes have undergone a natural and spontaneous process of cure, and it is as absurd (and much more dangerous) to remove a cured pyosalpinx as "to gild refined gold or to paint the lily."

But in another class of cases in which the pyosalpinx is accompanied by recurrent attacks of peritonitis, operation should not be delayed too long. There is still another class of cases in which long after the acute symptoms have subsided and the operation is no longer a life-saving one, such an amount of pain remains, the consequence of adhesions, that the patient is incapacitated from earning a livelihood. Such a case may properly be operated on, if the patient demands the relief that surgery is able to afford. 3. Chronic ovaritis (especially inflammation of the albuginea, when Graafian vesicles cannot burst through), when the pain is fixed and constant, and months have been spent in unavailing treatment. 4. Perimetritis, which, although it may not be dangerous to life at the time, may render the patient a permanent invalid. I have met with two cases of perimetritis in which the ovaries were completely imbedded and covered by inflammatory growths. The ovaries were so firmly compressed on all sides that the periodical menstrual congestion produced agonizing pain. In such a case the only relief lies in operative treatment. 5. Cystic degeneration of ovaries under the same conditions as to pain as in No. 4. In this form of disease the ovary will probably be much enlarged. It is really an early stage of ovarian cystoma. If pain is great and persistent removal may be demanded, but it is not usually a prominent symptom, and the organs may generally be left until they have attained sufficient size to warrant their removal on the generally recognized principles. 6. Neuroses, distinctly of ovarian origin, that have withstood years of treatment in which the symptoms justify such a serious operation.

This operation is not justifiable in—

1. Myomata, except as noted. 2. Pyosalpinx, if the disease has become quiescent, if pain and fever have subsided, and the pus has become inspissated. 3. Hydrosalpinx at any time, unless an associ-

ated perimetritis demands removal of the parts. A less radical operation will usually suffice. This is not a disease that jeopardizes life; it can generally be differentiated from pysosalpinx by its course and the physical condition. In my opinion the operation is inadmissible here, except when patients themselves, after full explanation, *elect* to have it done. Even in such cases it is probable that an operation short of castration will answer the purpose—as aspiration or cutting out a portion of the cyst wall.

4. Perimetritis, unless the disease promises to render the patient a permanent invalid.
5. Ovaritis, except under conditions noted.
6. Cystic degeneration of ovaries, except under conditions noted.
7. Hæmatocele and hæmosalpinx under any conditions. Laparotomy and drainage may be called for, but removal of organs never. The same applies to ectopic gestation.—*Medical Press and Circular*, October 28, 1887.

RECURRENCE OF PAROVARIAN CYSTS AFTER SIMPLE TAPPING.—Notwithstanding the hopes to which the works of Panas, of Duplay, and of other surgeons gave birth, DR. TERRILLON considers the cure of parovarian cysts by tapping as absolutely exceptional. His own observations, and those of other writers, have established the fact that puncture is palliative only—in no wise curative. The fluid always reaccumulates, but with variable rapidity, and sometimes so tardily that a cure is proclaimed. Convinced of the necessity of this reaccumulation most modern surgeons perform the radical operation at once; others propose it only after the failure of tapping. This slight difference in practice need not detain us. The sole fact of importance is the unanimity among surgeons of large experience with ovarian cysts as to reaccumulation after puncture. The slight influence of these cysts on the general health might make one hesitate at the outset, but their repeated recurrence and the possibility of their taking on a vegetative form of degeneration would incline one to operate at once, or at least in good time. All surgeons are in accord as to the extreme benignity of operation in this variety of cyst. Terrillon, himself, has operated in twenty cases, in four of which, in consequence of the impossibility of removing the sac, abdomino-vaginal drainage was necessary, and has not lost a patient.—*Annales de Gynecologie*, September, 1887.

SURGERY AND PATHOLOGY.

By T. W. HUNTINGTON, M.D., Surgeon, Southern Pacific Company's Hospital.

CAPITAL OPERATION IN CASES OF DIABETIC GANGRENE.—PROF. F. KOENIG lays down the following rules in regard to inflammatory or necrotic processes in diabetic gangrene:

1. In diabetic patients there is a greater tendency to degenerative processes than in healthy ones. The combination of the diabetic process with inflammatory necrosis of tissues is especially common.

2. The urine should be tested for sugar in all patients with a tendency to spontaneous phlegmonous inflammations or gangrenous processes. It is important to bear in mind the ephemeral rapidly passing glycosuria which occurs in various infectious diseases.

3. The treatment in all diabetic inflammations and necroses must above all be directed to the diabetes. In all local affections antiseptics should be applied with even more care than in otherwise healthy patients.

4. Capital operations should not be undertaken while the urine contains much sugar; the patient is low or comatose, and the gangrene is still extending. This rule is sometimes to be disregarded, as the author observed in two striking cases.

If the gangrene extends in spite of antidiabetic treatment, and local use of antiseptics, so that further upward spread of the disease would endanger the life of the patient, one must operate (usually amputate) under careful antiseptic precaution, and try to save the life of the patient. The two cases treated by the author (a man aged 70 years, with gangrene of the foot, and another, 40 years, with gangrene of foot and leg), were cured by this method.—*Centralblatt f. Chir.*—*Schmidt's Jahrbuecher*.

TREATMENT OF ERYSIPELAS AFTER THE METHOD OF KRASKE.—DR. CLASSEN describes this treatment of erysipelas by multiple scarification and by puncture at the border of the diseased part which he has tried in eleven cases with favorable results. The observations extend over a period of eight months. The scarified portion was dressed three times daily with sublimate solution (1:1000), under which the small wounds healed in a few days, leaving fine scars. In all cases in which the treatment was applied in the morning, the temperature was normal by evening; the redness of the skin completely disappeared generally in two days after scarification. This treatment is appropriate for all parts of the body with the exception of the face, as scars are liable to persist. For erysipelas of the scalp, however, this treatment is quite proper. The head should first be shaved.—*Centralblatt f. Chir.*—*Schmidt's Jahrbuecher*.

MALIGNANT PUSTULE.—DR. S. RAZDICYEWSKI describes three cases of this grave affection. He has performed numerous experiments with cultures obtained from the blood of these patients. The following are his conclusions: At the beginning of the malignant pustule the charbon bacillus is probably always present at the seat of inoculation. But through degeneration of the parts, or by the inflammatory process, the *vis medicatrix naturæ*, or the employment of local measures, the bacillus may disappear. It may be admitted that the disappearance of the bacillus from the seat of inoculation can take place by itself, as we observe this after a certain lapse of time in the gelatine cultures. After thirty days I have re-examined many of these cultures which had previously been employed. In one culture I found cocci, a faintly-colored and shapeless detritus and

traces of rods. I met with the same detritus without cocci in cultures obtained from rabbits. In one tube only I observed a quantity of spores, but the others did not contain anything of a similar nature. The presence of the bacillus in the general circulation is not absolutely necessary not only at an early period of the pustule, but even in case of a fatal issue, and some hours before that. The presence of the bacillus in the organs after death, being confirmed by different authors, it is asked if they are reached by means of metastasis or by gradual accumulation. If the variable presence of the bacillus in the circulation was confirmed, this would in some manner explain the great difference between the slow course of the disease in man and its sudden and sometimes fulminating invasion in animals, as well as the efficacy of local treatment in the former class, for we know that in animals inoculated, the actual cautery, even when used without delay, is useless.—*Progres Medical*, Sept, 24, 1887.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D.

RECURRENT NASO-PHARYNGEAL TUMOR CURED BY ELECTROLYSIS.—DR. R. P. LINCOLN reported a case of recurrent tumor in the naso-pharynx at the ninth annual congress of the American Laryngological Association which he had cured by electrolysis, after it had been twice removed by operation. When the patient first presented himself nothing abnormal could be seen in either nostril anteriorly. On looking into the mouth, the left side of the arch of the soft palate was gaping; it had evidently been incised and only partially restored. Posterior rhinoscopy disclosed a pinkish-colored mass, of about the size and shape of a horse-chestnut, nearly filling the left half of the post-nasal space. A further examination showed this to be an outgrowth from the left border of the vault and the left lateral wall of the naso-pharynx. To the finger it was immovable, but elastic. On the left side, above the first molar, where the mucus membrane is reflected upon the inside of the cheek, a sinus presented, from which a small amount of purulent matter was escaping. A probe introduced here penetrated two inches and a half. It was through an opening made at this point that the zygomatic prolongation of the tumor had been removed at a previous operation. June 3d, 1886, the doctor operated as follows: He introduced two needles well into the tumor, and connected them with the negative pole of the battery. The positive pole was also subdivided, terminating in two large sponge-covered electrodes, one of which was firmly held against the chest below the clavicle, while the other was in like manner placed just above the corresponding scapula. After the first treatment but one needle was used. There were in all sixteen applications at intervals of from four to six days, each *seance* occupying from twelve to twenty minutes.

July 29th, all evidence of a tumor had disappeared, the only trace of the growth being a button of cicatricial tissue, which occupied its former site.—*N. Y. Medical Journal*.

THE EYE DISEASES OF SYPHILIS.—Many practitioners pay little if any attention to the eyes of the syphilitic cases they treat. Others at most only look for specific iritis. That there is a long list of such diseases liable to occur in connection with syphilis is often forgotten. Jonathan Hutchinson, in his little work on syphilis, gives the following list of these diseases. In acquired syphilis are the following: 1. Acute iritis, usually symmetrical, always in the secondary stage, of fairly common occurrence; 2. Inflammation of the vitreous body, often an accompaniment of iritis in its severer forms; 3. Diffuse keratitis—this is very rare in connection with acquired syphilis; it occurs in the secondary stage chiefly, if not exclusively; 4. Neuro-retinitis, a primary inflammation of the ocular portion of the optic-nerve and retina, attended by general haze, but without choked disk; it is usually seen in the secondary stage; it may effect only one or both eyes; not common; 5. Scattered choroiditis, gummata of the choroid, choroiditis disseminata; this affection is rare, and is seen only in connection with the late secondary stage; it may be attended by neuro-retinitis, or may occur alone; usually it is almost wholly confined to one eye; 6. Optic-neuritis, with swollen or choked disk, usually seen in the tertiary stage, and in association with meningeal gumma; it is rare; affecting both eyes at once.; 7. Serpiginous choroiditis—in this form large patches of absorption are seen, which slowly spread at their edges; 8. Aquo-capsulitis—a form of insidious and chronic iritis, of which the most conspicuous phenomenon is the dotted condition of the posterior lamina of the cornea. With inherited syphilis we have: 1. Acute iritis—it is rare, occurs about the fourth month as one of the secondary class; it is very dangerous to sight; 2. Interstitial keratitis, tolerably common, usually affects both eyes, often attended by iritis and sometimes by choroiditis, remarkable for its tendency to recover in most cases; 3. Choroido-retinitis, usually chronic and attended by atrophy, most frequent at periphery, may simulate the results of retinitis pigmentosa or approach choroiditis disseminata; 4. Optic-neuritis, followed by white atrophy very rare and almost never recognized, excepting in the atrophic stage. It will be observed that most of these forms of eye disease are rare in syphilis, but their possible occurrence should always be kept in mind.—*Medical Record*, Nov. 5th, 1887.

TREATMENT OF PTERYGIUM.—DR. A. DEHENNE describes ("L'Union Medicale", Sept. 27th) his method of treating pterygium as follows: With a fine Graafes' knife, I detach the corneal portion of the pterygium from the summit to the base, stopping at the corneo-sclerotic border. The pterygium is grasped with a straight irid-

ectomy forceps. It is necessary to use care in cutting it from the surface of the cornea. The detached portion is held vertically and excised at its base by one cut with the scissors. After sponging quickly with absorbent cotton, the fine point of a thermo-cautery is drawn over the surface of the cornea where the pterygium was attached. The point of the cautery may also be applied to fifteen or twenty places in a small space. Finally the surface of the conjunctiva should be cauterized at the point where the excision was made. The dressings should be atropine solution 1:300 morning and evening, borated compresses kept moist. The following day the compresses are replaced by smoked glasses. The atropine solution is continued seven or eight days. On the day after the operation the cauterization may be repeated at the corneo-sclerotic border, but this is rarely necessary.

THERAPEUTICS, DERMATOLOGY AND VENEREAL DISEASES.

By CROCKER SIMMONS, M. D.

STROPHANTHUS.—The views of foreign writers upon this late addition to our pharmacopea may be of interest. DR. EMIL PIUS, of Vienna ("Therap. Monats."), states that its influence in phthisis, in congestion of the portal system, in neuroses of the heart, and in true asthma, with no essential complications, is so satisfactory that in many instances he gives the new drug a decided preference over digitalis. In cardiac disease, under its use, the pulse becomes slower, more regular, fuller, stronger, the pronounced anxiety in breathing diminishes, the œdema disappears upon the setting up of free diuresis, the general improvement becomes permanent. In kidney disease the diuretic action of the drug proves of considerable value. The hard breathing soon and completely vanishes, the uræmic symptoms also disappearing. Especially important is the fact that the action of the drug in increasing doses is never cumulative, and the stomach is not harmed by the remedy. PROF. DRASCHE gives a very flattering testimonial to the value of strophanthus. ("Wien. Med. Bl.") He gave his patients larger doses than Pius, increasing from 5 and 10 drops up to 50 drops a day. In all his cases the frequency of the pulse quickly decreased, the cardiac impulse became stronger, the blood pressure rose, but its effect was not so continuous as that of digitalis. Its action in heart and kidney disease appeared to him most striking, especially with regard to oppression and dyspnoea. Often with the first moderate dose the patient becomes easier, the breathing freer, but the heart difficulty soon returns. The remedy must be used often; he has not observed, even after long continuance, any cumulative effects. Unpleasant sequences occasionally follow its prolonged use, such as interruption of appetite, nausea, vomiting, diarrhoea, excitement, and faintness. The diuretic action of the drug is an important one. In conclusion

Drasche warns us against its subcutaneous injection, as very unpleasant local reactions are produced.—*Schmidt's Jahrbuecher*, October, 1887.

INSTABILITY OF COCAINE SOLUTIONS.—The incontrovertible fact that while some experimenters procure brilliant results from the use of cocaine, others completely fail in producing its desired effects, is accounted for by DR. CHAPIN ("New York Medical Journal," Oct. 8, 1887), who states that the solution is very evanescent, and that though rubber stoppers be used, a certain amount of deterioration goes on in solutions of cocaine. Solutions to be reliable should be freshly prepared.

IODOL IN TERTIARY SYPHILIS AND SCROFULOUS AFFECTIONS.—At the meeting of the International Medical Congress, DR. ASSAKY, of Roumania, recommends this drug in doses of .40 gm. to 2 gm. daily. He says that it gives marvelous results, producing no functional trouble, even if continued for a long time. In secondary syphilis it destroys the syphilitic manifestations. It is indicated in all cases of specific manifestation, aiding the general nutrition and increasing the formation of flesh.—*College and Clinical Record*, Oct., 1887.

SALT IN DERMAL HYGIENE AND THERAPEUTICS.—DR. PIFFARD, ("Journal of Cutaneous and Genito-Urinary Diseases," Nov. 1887), gives the advantages he has derived in his practice by the varying strengths of salt baths. The ordinary bath contains 25 gallons and the author states that if to this we add one pound of salt, the effect on the skin is not perceptibly different to that derived from the common fresh water bath. Quintupling the amount of salt, five pounds to the 25 gallons, gives a decided therapeutic effect. The water possesses a peculiar softness and glides off the skin, leaving a sensation of exquisite cleanliness, unaccompanied, however, by any harshness or dryness such as often results after the use of soda or strongly alkaline soaps. The bath must be of a temperature, ranging from 95° to 97° F., and the immersion say fifteen to twenty minutes, with moderate friction of the skin while the patient is in the water. Increasing the amount of salt to ten pounds, intensifies these effects, producing an almost preternatural softness and flexibility. Dr. Piffard states that this condition of the skin is experienced in no other form of bath, be it Turkish, Roman or Russian.

MEDICINE.

IMAGINARY ULCERATIONS OF THE TONGUE.—M. VERNEUIL in describing this disease says: They are characterized by pain and by a pseudo-anatomical lesion, a natural arrangement which is taken for a sore. It is a most painful affection, entailing the greatest pre-occupation and trouble of every kind. M. Verneuil has observed five cases of this variety, of which four were in men from twenty-

five to fifty years of age, robust, living under the best conditions, but presenting all the evidences, hereditary or acquired, of gout. Locally he has not found any manifest cause. The use of tobacco has no serious influence. The progress of this affection is irregular, the pain is variable, but it is chronic and rebellious. One of his patients died three years after of general paralysis. The others recovered. It is difficult to make a prognosis on account of the persistence of the pain. He recommends the use of alkalies, arsenic, the bromides, and local sedatives. He would also suggest injections into the lingual parenchyma, cauterizations of the painful points, the destruction of one or two calciform papillæ. This neuralgia has been but little studied.—*Progres Medical*, October 1, 1887.

LINGUAL HEMIPLEGIA WITH CORTICAL LOCALIZATION.—DR. BERNHEIM reports a case in which hemiplegia of the tongue occurred as an isolated symptom. He remarks that Ferrier's experiments on animals, confirmed by the clinical investigations of Charcot and Pitres, have established that the lower third of the ascending frontal convolution controls the movements of the opposite side of the face and of the tongue, destruction of this region giving rise to facial and lingual hemiplegia. Observations hitherto published have not enabled these centres to be dissociated. MM. Raymond and Artaud have published six cases of lingual paralysis where the motor trouble was due to cortical lesions, but in every case facial paralysis co-existed. Dr. Bernheim's case was that of a girl 23 years of age, who had been attending his clinic for multiple sarcomata, which was first noticed in February, 1886. On January 8, 1887, she presented a well marked deviation of the tongue, the tip turning to the right. The patient swallowed freely and articulated well, but could not whistle. There was no sign of facial hemiplegia, nor of the extremities, except that the left hand, as shown by the dynamometer, was stronger than the right (15:11, 10:7). The patient died on February 2d, the hemiplegia persisting to the end. At the autopsy, besides the sarcomatous tumors, a lesion corresponding to the lingual hemiplegia was found. It consisted of a cyst in the cortex containing a blood clot, the walls of which were formed by fibro-plastic sarcomatous cells, in fact a hæmorrhagic sarcoma. The cavity measured from 5 to 6 mm. in every direction. This focus was found towards the inferior border of the lower extremity of the ascending frontal convolution on its anterior surface about 6 mm. behind the sulcus which separates it from the third frontal convolution. From this it appears that there exists at the inferior extremity of the ascending frontal convolution a special hypoglossal centre.—*L'Union Medicale*, October 8, 1887.

PATHOLOGY OF THE LIPS.—The so-called scrofulous swelling of the lips is ascribed by DR. ZIEM to local obstruction of the circulation. Its causes are ordinarily the same as those of chronic swelling of the nasal mucous membrane—diseases of the teeth, suppuration of

the nasal cavities, enlargements of the glands of the palate and of the tonsils, etc. On removal of these pathological conditions the swelling of the lips subsides.—*Allg. Med. Centr.—Schmidt's Jahrbuecher*, B. 216, Nr. 10.

SOCIETY PROCEEDINGS.

Sacramento Society for Medical Improvement

Regular Meeting, October 18th, 1887.

The President, W. E. BRIGGS, M. D., in the Chair.

DR. G. A. WHITE exhibited several specimens.

No. 1 was apparently an instance of caseous degeneration of the tensor vaginae femoris.

A. D. —, aged 40, was admitted into the County Hospital August 17th, 1887, with sciatica and with what was thought to be a bruise of the left knee on its outer side. The patient gave a history of an old injury to the upper part of the thigh. He stated that he had been kicked by a horse some six or seven years ago, and exhibited several old cicatrices where abscesses had formed and ruptured spontaneously a few months later. As the pain down the thigh was in the course of the sciatic nerve and as treatment was without benefit I proceeded to stretch the nerve in the usual way. While the patient was under ether I thought I should operate upon his "bursa," of which, by the way, he complained but little. Instead of finding a bursa or a floating cartilage, as one physician suggested, I found the diseased mass extended from the patella up the entire length of the thigh, and it was nothing less than a caseous degeneration of the tensor vaginae femoris. This muscle, or rather the sac which had once been muscle, and its sheath was dissected out with but little loss of blood. The wound which was eighteen or twenty inches long healed by primary union. The man has since been free from pain which had not been the case for several years previous.

No. 2, Punctured Wound of the Intestine.—Lee Gum, a Chinese laborer, was admitted to the County Hospital Sept. 28th, 1887, at 8:30 P. M., suffering with a punctured wound of the abdomen, situated four inches to the left of the median line and just below the border of the ribs. Drs. Cluness, Huntington, Baldwin and W. E. Briggs saw the patient with me. After consultation it was determined to enlarge the wound and search for a suspected wound of the intestine. Dr. Baldwin extended the incision four inches along the outer border of the rectus muscle and turned out several feet of intestine and a part of the omentum; prolonged, but unsuccessful, search was made for a punctured gut. After a careful toilet the

protruding omentum and intestine were returned to the abdominal cavity and the exploratory incision was brought together by silver sutures and dressed with antiseptic precautions. The patient died three days later of peritonitis. The *post-mortem* examination showed a good condition of the exploratory incision. No hæmorrhage had taken place into the abdominal cavity, but there were evidences of peritonitis, the focus of which was at the middle portion of the duodenum. A small puncture, less than one-eighth of an inch in diameter, was found in the descending part of this gut, about five inches from the pylorus. A thick layer of lymph matted the tissues in this vicinity together, so as to form a semi-circular area five inches across, with a pocket containing about two ounces of pus, mingled with a small quantity of chyle from the duodenum. The specimen which I here exhibit has been preserved in alcohol, and therefore does not show the pathological changes as well as in the fresh state.

No. 3 was from a case of enteric fever in which the disease had rapidly proved fatal.

E. M.—, a young man, aged 29 years, was admitted into the County Hospital on October 6th, 1887, suffering from typhoid fever, temperature 104°, with delirium and other pronounced cerebral symptoms. The abdominal symptoms were negative, there being no tympanitis, no diarrhœa and no vomiting. To control the delirium and induce sleep the patient was given potassium bromide, chloral, and morphia at night with quinine and milk punch at stated intervals during the day. No improvement was made and he died October 9th, three days after admission.

Autopsy.—With the assistance of Dr. Baldwin—who had visited the patient in town before he was sent to the hospital—I made a *post-mortem* examination with the following results: The body was well nourished. On opening the abdomen, the intestines were found to be somewhat distended with gas. The stomach appeared normal and contained a little milk curd and an alcoholic odor, the remnant of his last milk punch. The liver was slightly hypertrophied and congested, and the gall bladder was fully distended with bile. The duodenum was stained with biliary matter and was of a reddish purple hue; in fact there was subacute duodenitis. The small intestines were congested and in places purple patches were observed; these were much thicker than other parts of the intestines. On slitting the bowels these patches proved to be ulcerations of Peyer's glands. At one point in the jejunum the gland had sloughed almost entirely away leaving only the peritoneal covering of the intestine, and this was so nearly perforated that in handling the wet specimen perforation was completed. Several ulcerated glands were found throughout the small intestines, most numerous in the ileum, but not so deep as those in the jejunum. One quite well marked ulcer was observed upon the ileo-cæcal valve. These were such beautiful specimens of typical

typhoid ulceration of Peyers glands that I desired to exhibit them to the members of the Society.

The points of interest in this case were : first, the early and profound impression made by the typhoid poison upon the brain, and, secondly, the apparent absence of or masked abdominal symptoms. So acute was the delirium that Dr. Parkinson, who first saw the patient, believed him to be suffering with delirium tremens. The following night the young man escaped from home and was taken in charge by the police. Dr. Baldwin was summoned to see him but did not diagnose typhoid fever. That evidence of grave intestinal disease was lacking, may be accounted for by taking into consideration the man's mental condition ; he was incapable of properly responding to questions about pain or pressure, etc., and furthermore he was a fleshy man, inclined to corpulency, and this prevented the detection of a moderate tympanitis which really existed.

DR. PARKINSON said he had seen the case mentioned by Dr. White, on October 1st. The man was dressed and lying on a bed ; he had been up and about that morning and spoke of going to work next week. He had every appearance of a man who had been drinking, which, however, was denied. There were no characteristic symptoms of any kind ; the thermometer was not used. He complained of having had chills and fever. He was living on the river bank at a point which is frequently under water in winter. The case was regarded as one of malarial fever.

DR. BALDWIN, who had subsequently seen the case, said that he had not made a diagnosis of enteric fever, the patient was then quite delirious and at times violent ; he had fever, but no abdominal symptoms. He had been surprised on hearing of the fatal issue.

DR. HUNTINGTON mentioned that in enteric fever he had recently used iodoform and charcoal internally, with, he believed, marked improvement in the character of the evacuations. He gave $\frac{1}{2}$ to 1 grain of iodoform with 15 grains of charcoal three times daily. He had not, so far, observed any deleterious symptoms.

DR. WHITE read a paper on *Injuries of the Joints, with Report of Eleven Cases Treated at the County Hospital.*—Vide TIMES, 1887, page 324.

DR. HUNTINGTON, in opening the discussion, said that the necessity of bad results occasionally attending injuries to the joints was inevitable. It was important that this be clearly understood beforehand. What had been said regarding antisepsis in compound injuries was fully borne out by the experience of all present. The vast improvements in the present results over those formerly obtained was enormous, the mortality having fallen from 64 to 4 per cent. The question of early manipulation in joint injuries was important, with a view to preventing permanent fixation. In a case of Pott's fracture, treated at the Southern Pacific Company's Hospital, in spite of every precaution, there was ultimately established a sinus communicating with the ankle joint. Maintenance of the

parts in apposition was impossible, owing to the extremely sensitive condition of the adjacent tissues. The apparent result was very unpromising, owing to the outward displacement of the foot. Under either the adhesions were fully broken down, the normal relation of parts restored, and the integrity of the joint preserved.

DR. G. L. SIMMONS thought that the author might be proud of his record as shown in the very interesting series of cases reported. The class of cases, which in his experience was most important, was penetrating wounds which, though small in their nature, often set up inflammation in the synovial cavity. The point in these cases was to determine the propriety of opening and irrigating the joint. In very early days Professor Cooper, of San Francisco, opened these joints, cleaned them out with alcohol, compressed the limb from below upwards and had admirable results. He felt that considering the period at which these operations were performed, too much credit could not be given to methods which at that time were in opposition to the weight of surgical authority. Antiseptic surgery is principally clean surgery. Cooper showed us that clean surgery, with the use of alcohol would accomplish everything that is now claimed by antiseptis. The doctor cited the case of M—— F——, who had been engineer at the city water works and State Capitol. A gunshot wound in the region of the shoulder had splintered the upper portion of the humerus into small fragments to the extent of four inches, which were extracted, the periosteum wherever practicable, being left behind. A moulded shoulder cap of copper with arm piece, was carefully adapted to the limb to keep up a fair amount of extension. The cavity was drained by a tent of lint, and alcohol dressings constantly applied. In the course of a few months sufficient bony matter had been formed to maintain the integrity of the shaft, and a fair amount of motion was ordered each day. Gradually the muscular power over the arm increased to such an extent that in six months he was able to take his position as engineer and follow it until his death which occurred during the present year.

The Sacramento Medical Times.

JAMES H. PARKINSON, L. R. C. S. I., EDITOR.

SACRAMENTO: DECEMBER, 1887.

DEATH CERTIFICATES.

The San Francisco Board of Supervisors recently passed an order*, the importance of which cannot be overestimated. The order provides "for the better security of life, regulating the issuance of permits by the Health Officer for interments, and certificates by physicians showing causes of death," and is intended to supply an omission in Section 3025 of the Political Code. Having recited the usual conditions under which certificates are issued, the order proceeds to state :

SECTION 2. No permit shall be granted and issued by the Health Officer to inter any human body unless the certificate referred to in Section 1 of this order is signed by a legally qualified physician of good standing, who has attended the person just prior to death, and for a sufficient length of time, in the judgment of the Health Officer, to determine the cause of death.

This virtually provides that the signer of the certificate must be a responsible practitioner, duly licensed by one of the Examining Boards, which guarantees his good standing, and to which he is amenable in case of professional irregularity.

The next section provides an important safeguard in that unfortunate class of cases known as criminal operations. The suspicion of any invidious distinction is here avoided by ignoring the certificate of the attendant, irrespective of professional standing.

SECTION 3. The Health Officer, in all cases of persons dying from apparently natural causes without the attendance of a legally qualified physician of good standing, shall issue a permit of burial only on

* "Daily Report," San Francisco.

the certificate of the cause of death being signed by the Coroner or by the City or Assistant City Physician or other medical officer of the Board of Health; and in all cases of minors or adults dying in maternity homes, lying-in hospitals, or other similar institutions, no permit of burial shall be issued without a certificate of the Coroner or City or Assistant City Physician or other medical officer of the Board of Health, stating the cause of death and that the same is not the result of malpractice.

Section 6 provides that no certificate shall be signed unless the physician has previous knowledge of and attendance upon the person prior to death. The attendant is further prohibited from signing any certificate unless he has attended and prescribed for the deceased during life and within a period of ten days immediately preceding death. Violation of the order is a misdemeanor, punishable on conviction by a fine of not more than one thousand dollars, or by imprisonment in the county jail for not more than six months, or by both such fine and imprisonment. It remains to be seen that a conviction and adequate punishment will be secured, as the difficulty in such cases appears to be very great.

This step on the part of the San Francisco authorities, is one which others should not be slow to imitate; the example is excellent and the need in many localities is equally pressing. It comes as a timely recognition of the medical law, and demonstrates a new fitness for that enactment. The whole matter of signing death certificates requires amendment, and the complaint on the part of those entrusted with the collection of vital statistics is universal of the carelessness of the signers. The remedy for this evil rests with the profession. We need a little attention bestowed upon this most important function; the exercise of precision in dates and periods; the positive determination (where possible) of the immediate and remote causes of death, and the avoidance of vague and unmeaning phrases. Meanwhile we commend this ordinance to the attention of sanitary authorities throughout the State.

THE SACRAMENTO MEDICAL TIMES.

With this number the first volume of THE SACRAMENTO MEDICAL TIMES closes, and the occasion demands a few words prospective and retrospective in that connection. When starting we were fully aware of the many difficulties to be encountered, as well as the opposition which so frequently greets a new competitor in any field. We have, therefore, every reason to be gratified at our progress and satisfied with our position. We stated at the outset that we existed to make a want, and the encouragement which has been received must be taken as evidence that the want is present and growing. We have endeavored to make THE TIMES a respectable and a representative journal. Whether this has been accomplished, we leave to the judgment of our readers. We desire to thank our contemporaries for many kindly words, as well as for their valued exchanges. We have endeavored as opportunity presented to improve the journal, and make it more useful and more valuable to its subscribers.

Commencing with the January number, THE TIMES will be enlarged to 48 pages, and other improvements effected, of which we shall speak in that issue. The general style of the journal will remain unchanged, and the departments, to which particular attention has been paid, will be further strengthened. The same watchful care will continue to be exercised in the selection of articles for publication, and while our judgment may sometimes differ from that of contributors, we can only say that we act with the best intentions and in the interests of our readers. Our list of contributors to the present volume contains the names of those well known to the profession on this coast, and we have assurances that in the coming year this standard will be maintained. The department of Special Correspondence will be extended, as it is believed that through this source much valuable information of the latest date is obtainable. The subject of Meteorology will hereafter receive more attention.

The world is now awakening to the vast climatic resources which this State commands, and it is proper that the profession elsewhere should have constant and reliable evidence, which will enable it to form an intelligent opinion when demanded by the frequent exigencies of practice. Liberal inducements will be offered to subscribers, and no effort will be spared to render *THE TIMES* a desirable visitor.

NOTES.

A CORRECTION.—The name of the author of the article, "Successful Tracheotomy in Diphtheria," which appeared in the November number of *THE TIMES* was inadvertently omitted. It should have been credited to Dr. Simmons, Jr., of this city.

ANNALS OF GYNÆCOLOGY.—This is the title of a new medical journal, published monthly at Boston, and devoted to gynæcology, obstetrics and abdominal surgery. It is edited by Dr. G. W. Cushing, with a full staff of collaborators, including many illustrious names.

THE MEDICAL LAW IN CALIFORNIA.—Our contemporary the "New York Medical Journal," in its issue of November 12th, has misinformed a correspondent regarding the medical law of this State. There are three State Boards of Examiners—the Regular, the Eclectic, and Homœopathic, all of which are located in San Francisco. The fee for examining the diploma of the applicant is five dollars under the Act of 1878. The license, when obtained, must be recorded in the office of the clerk of the county in which the licentiate is engaged in practice. The statement of the "Journal" is in other respects correct.

PREVENTION OF BALDNESS.—Dr. E. B. Ward, writing in the "Medical Age" on baldness, ascribes this troublesome and very prevalent affection to over care; in other words, to the constant cutting and over stimulation. Addressing the younger members of the profession, he says: "If you have any hair left that you want to preserve, take my advice before it is everlastingly too late and avoid the barber. The women do, the savages do, the gutter snipes have to, and the "greasers" always do—and they are not bald. * * * Never use any hair invigorator or other *anti-mortem nostrum*, and give your hair as much air as possible. I say if you do this, you will carry as many gray hairs down to the grave as our present civilization will permit."

STENOCARPINE.—This drug, which was first brought to the notice of the profession by Dr. J. H. Claiborne, in the "Medical Record," as a local anæsthetic, has been since investigated by various observers. It was claimed that it was more active than cocaine (*vide TIMES*,

1887, page 266), being able to produce anæsthesia through the unbroken skin. The following which we publish on the authority of Parke, Davis & Co., is decidedly interesting: "An investigation at our laboratory, of a solution purporting to be a two per cent. solution of gleditschine or stenocarpine, which was supplied by Messrs. Lehn & Fink, of New York, has developed the fact that this solution, with which the experiments thus far recorded have been made, contains six per cent. of cocaine and a sulphate of a salt, which further experiment is likely to prove to be atropia. F. A. Thompson, Ph. C., also reports, after careful experiment with the leaves of *gleditschia triacanthos*, from which gleditschine or stenocarpine is claimed to have been derived, that they contain only an infinitesimal percentage of an amorphous alkaloid, devoid of anæsthetic or mydriatic properties. In the light of these facts, it seems probable that the stenocarpine sensation should be classed with the hopeine fraud, of malodorous memory, and that the physicians who have already published reports regarding gleditschine or stenocarpine have been the victims of a clever hoax." It remains to be seen if further investigations will add to our knowledge on this question.

SPECIAL CORRESPONDENCE.

NEW YORK.

New York Skin and Cancer Hospital—The Profession and the Board of Health—Medicine in China—Quarantine Station—In Memoriam.

The recent opening of the new buildings of the New York Skin and Cancer Hospital, at the country branch of the institution, was one of the pleasantest occasions pertaining to medical matters that has taken place in this vicinity for a considerable time. In the first place, it occurred on a perfect Indian summer day, when the balmy air was filled with the dreamy haze characteristic of that delightful season, and it afforded a large number of the profession, together with many of those in the general public interested in the work of the Hospital, to enjoy a charming little autumnal outing. The country branch is situated at Fordham Heights, on the bank of the Harlem, about a mile and a half above High Bridge, across which the Croton aqueduct is carried into the city, and a number of special cars on a Hudson River Railroad train conveyed the party to the spot. The location is a very high and salubrious one, and commands a most extensive and beautiful view of the storied Kingsbridge region, memorable in the annals of Revolutionary days, with the towering Palisades of the Hudson beyond.

The principal building is a fine old stone mansion, with extensive piazzas, formerly the property of the late Mr. Loring Andrews, and scattered about the grounds are six cottage pavilions in the Queen

Anne style, one of them for operating purposes and the others devoted to well-appointed wards, each building comfortably accommodating about a dozen patients. During the year from October 1st, 1886, to October 1st, 1887, there were 259 patients under treatment in the institution—152 at the city hospital and 107 at the country branch. For the same period 1412 patients were treated in the outdoor department and were seen 7482 times, and 8475 prescriptions were put up for them. The total expenditures for the maintenance of the two hospitals amounted to \$20,048, and the support of the free patients was paid for by the Ladies' Charity Committee with money raised by the Kirmus or festival held annually in the spring. Among the speakers on the occasion of the opening were Drs. A. Jacobi and L. Duncan Bulkley, of the Medical Board.

At the first November meeting of the New York Academy of Medicine, Dr. Joseph D. Bryant, one of the Commissioners of the City Board of Health, spoke on the important question, "How can the Profession Aid the Board of Health?" and in his address made a great many practical suggestions, which it is to be hoped will be of substantial benefit to the community at large. He also gave a sketch of the organization of the Health Department under the recent President, General Shaler, and the many improvements which had been introduced since Mr. Bayles had assumed the position, and in the course of his remarks said that while there ought undoubtedly to be the most complete harmony between the medical profession and the Board of Health, and they ought to unite together with common purposes, this had by no means always been the case, and, as a rule, the two had been much greater strangers to each other than they should have been. President Bayles was present and took part in the discussion which followed the reading of Dr. Bryant's paper; and one practical outcome of the occasion was the adoption, in accordance with one of the suggestions made by Dr. Bryant, of a resolution providing for the appointment of a committee of five Fellows of the Academy of Medicine to confer with the Board of Health, whenever such conference should seem desirable, on all matters pertaining to the public health. The existence of such an advisory committee will no doubt be of much service in bringing the Board and the profession at large into more intimate and useful relations than have ever before existed.

At the same meeting of the Academy, Dr. H. W. Boone, Professor of Surgery in the Medical College at Shanghai, gave an interesting account of the state of medical affairs in China, and the needs of the institution with which he is connected. No attempt was made in that country, he said, to prevent any disease, and Asiatic cholera was endemic there, so that he saw cases of it every year. During a single season he had known it to destroy 25,000 of the native and 700 of the foreign population of Shanghai. In China, the mortality from child-birth amounted to eight per cent., and that from stricture was frightful, as no such thing as a catheter was known. The mor-

tality from strangulated hernia was also very great, and he said that when he operated for strangulation he always tried to effect a permanent cure of the hernia. There was a great deal of surgery in general to be met with, and an excellent opportunity was afforded for young men of ability in all departments of the profession. Shanghai was the commercial metropolis of the country and the endeavor was being made to make it the medical centre also.

In view of the unsatisfactory condition of affairs at Quarantine, revealed by the report of the Committee of the College of Physicians of Philadelphia, and of Dr. John C. Peters, Chairman of the Committee on Hygiene of the Medical Society of the County of New York, Mayor Hewitt has taken Dr. Smith, the Health Officer of the Port, to task, for his neglect of duty, in a letter, in the course of which he says: "You are not responsible to me for the performance of your duty, but as you are a member of the Board of Health of this city, it is certainly not inappropriate for me to point out the criticisms which have been made upon the condition and management of the quarantine station in this harbor. Unfortunately the health authorities of this city are unable to apply any remedy, as the jurisdiction in this case is under the State and not under the city. But the law gives you full power to do whatever may be necessary in the premises to protect this city from the immediate danger of an invasion of cholera. * * * It may be alleged that no money is provided to meet the expenditures which you may see fit, necessarily, to make. I do not know what the fact may be, although it is generally believed that the revenues of the Health Officer are ample to meet any ordinary or extraordinary expenditures which the public health may require. But, if it be a fact that you are without money, and that you have no source from which you can procure it, I will undertake, by an appeal to my fellow citizens, to raise any reasonable sum by voluntary subscription which may be required for the purpose of protecting the city from the dangers of an invasion of the cholera."

A portion of the session at the fifth special meeting of the Fifth District Branch of the New York State Medical Association, which was held at New Brighton, Staten Island, on the 15th of November, was devoted to a memorial meeting in honor of those distinguished deceased Fellows, Drs. Alonzo Clark, James C. Hutchison and Jared Linsly.

NEW YORK, November 15th, 1887.

BERLIN.

The Hygienic and Bacteriological Institute.

Bacteriology or the study of the lowest forms of organic life has of late developed into a science of great importance. In former years parasitic germs usually were examined in their natural condition and relation, *i. e.* pathological tissues; secretions and excretions were placed directly under the microscope and searched for bacteria.

The result of such investigations necessarily remained doubtful and unsatisfactory. If germs were found (and they usually were found) their value and relation to disease could only be surmised, but not definitely determined. It always remained an open question if the bacteria present in various diseases were accidental or pathogenic in their nature. This question was finally decided by an entirely new method of examination. Pasteur, Koch and others, instead of experimenting with bacteria in their natural condition and surrounding, commenced to separate them from their pathological surroundings, brought them into other nutritious liquids, and cultivated them artificially. With such artificial cultures, free from all surrounding impurities, finally all experiments were carried on and all questions of doubt, pertaining to the pathogenic nature of various forms of bacteria, definitely decided. To carry on experiments, however, according to this new method, with any degree of accuracy and reliability, the requirements, apparatus, instruments, etc., are so manifold that at the present time nothing less than a well supplied and regularly conducted institute will fully answer the purpose. With this view, a few years ago in Berlin, in connection with the University, a new place of learning, entirely devoted to these examinations, and called the Hygienic and Bacteriological Institute, was founded. As I had an opportunity to visit this Institute recently and finding many things very instructive, I will give a short description of the same which will doubtless interest some of your readers.

The Hygienic and Bacteriological Institute in 1885, opened under the directorship of Professor Koch, celebrated for the discovery of the cholera bacillus, is situated on Kloster street, where it occupies two stories of a large building, quadrangular in form, with an open court in the centre to give light to all internal windows. The Institute is divided into two separate departments, the chemical and the bacterioscopical; the former occupies the first and the latter the second story of the building. On the first floor in front and to the right, the large lecture room, with 119 seats is situated, where Prof. Koch, four times weekly during the semester, delivers his lectures. Adjoining the lecture-room are several smaller rooms used for preparing objects for demonstration and to preserve apparatus, instruments, charts, etc., used in the lecture-room. A library, with books bearing on the subject of hygiene, chemistry, microscopy, bacteriology and related sciences, is placed on the same floor in the front part of the building. The other rooms of the department in the side and rear buildings are all used for various chemical and optical examinations, and for such other purposes where chemistry and hygiene go hand in hand. The smaller rooms serve as private laboratories for the assistants, the larger ones are intended for a small number of advanced practlicants who work independently, and the largest one, a room with twenty-five working places, situated in the northern wing of the building, is used as a class-room principally for instructions in analysis of air, soil, water

and all kinds of provisions. Adjoining this, there is a dark room for the necessary optical and spectroscopical examinations in connection with the above analysis. In the laboratory, each table is supplied with the necessary apparatus, instruments, and reagents. Among the most notable apparatus for common use is a large water bath in the form of a hearth with several openings in which vessels containing substances to be analyzed, are brought to a heat of 100° C. The steam after having been used for heating purposes is again condensed by a cooling apparatus and used as distilled water. For the purpose of drying and heating substances to a temperature of 100° C. a dry closet, or cabinet, is used which is heated by a water bath. If a higher temperature for drying is needed, a similar closet is used, which is heated by a sandbath.

The bacterioscopical department, situated on the second floor, is arranged in a similar manner to the chemical department below; in front of the building are private laboratories for the director and his assistants; adjoining to the right are several of various sizes, one large one for beginners with fourteen working places, and several smaller ones for advanced students who are able to work independently. The internal arrangements of the various laboratories are very much the same; small tables for microscopical examinations, each with two seats, are placed toward the windows, and larger tables, used for preparing everything in connection with these examinations, are extended through the centre of the rooms from one end to the other. Each seat is supplied with a microscope and all instruments, utensils and reagents that are used for drying and breeding the various species of bacteria and to prepare microscopical experiments in general. Apparatuses for common use are breeding ovens, sterilizing and dry closets of various constructions.

As the conditions of life of the various microbes are entirely different from each other, and every species for its growth and development requires a different temperature, the breeding apparatuses are so arranged that the deviation of temperature never amounts to more than one-fourth of a degree. A certain temperature is kept up night and day by a self-regulating gas jet, and if, in case of an accident, the light should be extinguished, then the gas is also, by an ingenious invention of Prof. Koch, shut off automatically. In connection with the Bacterioscopical Institute, in the attic of the building is also a photographic *atelier* for the purpose of photographing the artificial cultures of microbes in their various stages of development.

The charges and conditions under which students and practitioners are admitted are very reasonable. For students the charges for attending three times weekly, two hours each time, are fifteen dollars, semi-annually. Physicians and practitioners, for a monthly practical course, four hours daily, also pay fifteen dollars. Advanced students and practitioners who intend to work independently, have to pay for a working place in the laboratory twenty-five dollars semi-

annually. To all students and attendants of the semi-annual regular course, the use of a microscope, utensils, instruments, etc., is free. All reagents, animals to experiment with, etc., are furnished free of charge by the Institute. Practicants of monthly courses, and all independent workers, have to pay for everything they use, except such things as microscopes, etc., with which each place is supplied. At the beginning of the course each practican receives a certain quantity of reagents, utensils, etc., for which he has to give a receipt and deposit a small sum of money as security. At the end of the course the deposit is returned to him, minus the value of all lost and damaged articles.

A. E. BRUNE.

BERLIN, October 5th, 1887.

BOOKS AND PAMPHLETS RECEIVED.

Granular Lids and Contagious Ophthalmia. By W. F. Mittendorf, M. D., Ophthalmic Surgeon to the New York Eye and Ear Hospital, Bellevue Hospital, Out Door Department, etc. Detroit: Geo. S. Davis.

The author in the introduction to this book speaks of the importance of an early diagnosis in contagious diseases of the eye. It is well established that a few hours neglect of a case of gonorrhœal ophthalmia, or ophthalmia neonatorum, may destroy the unfortunate patient's sight. This fact is not sufficiently recognized by the general practitioner who usually sees these cases first, and is not understood by the general public at all, so that eyes are often destroyed by these diseases before efficient treatment is begun. The author's description of the various pathological conditions of the conjunctiva is clear and concise, and the treatment recommended is generally good. In certain conditions, granular lids and some other conjunctival troubles, he advises nitrate of silver solution, twenty grains to the ounce of water, which is stronger than is recommended by most authorities, and in our opinion it is rarely required in so concentrated a form.

On the Determination of the Necessity for Wearing Glasses. By D. B. St. John Roosa, M. D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Med. School and Hospital; Surgeon to the Manhattan Eye and Ear Hospital. Detroit: Geo. S. Davis.

In his preface the author clearly states the scope and object of the work as follows: "The object of this little book is to serve as a guide to the general practitioner in determining whether a given patient does or does not require glasses, either to aid vision or to relieve symptoms that may not be directly referred to the eye. It is by no means a complete manual of errors of refraction or

failures in accommodation, but I believe a careful study of these pages will enable the practitioner to decide in a large proportion of cases, when the question comes up, whether or not glasses will probably be of service." To those familiar with the author's writings this statement is sufficient guarantee that the object will be attained, and any one reading it with a view of getting all the information which it is possible to receive from so small a work will not be disappointed.

Practical Guide in Antiseptic Midwifery in Hospitals and Private Practice. By Henry J. Garrigues, A. M., M. D. Detroit: Geo. S. Davis.

In publishing the method and the results of antiseptic midwifery Dr. Garrigues has done an eminent service to womankind, and, let us hope, has pointed out the way in which accoucheurs shall not be the scourge in the lying-in room that the history of maternities, and even of private practice, has shown them to have been in the past. What a reckoning against them in the appalling mortality of lying-in women everywhere! As its title indicates, this little book for a leisure hour or two treats of the prevention and cure of sepsis in child-bed, and now that Cæsar has given to antiseptic midwifery ("British Med. Journal," July 23, 1887,) the seal of his gracious approval, we may hope that the profession will not be slow in atoning for its old-time fatal presence in the lying-in chamber. Dr. Garrigues' book has materially promoted this consummation of the Listerian practice, and its principles should be familiar to every intelligent practitioner of midwifery.

Cyclopædia of Obstetrics and Gynæcology. New York: Wm. Wood & Co.

In the introduction to his brilliant *Leçons de Clinique Médicale*, Jaccoud has made use of language whose iteration seems not untimely. "Since not observation only," he says, "but every branch of medical science also is tributary to the interpretation of symptoms and of signs, it is self-evident that the clinician should possess the most complete and the most exact knowledge. To fulfil this primordial condition he must extend the circle of his studies as far as possible; he must utilize the labors of every country. Research and progress are not the exclusive appanage of any people. History teaches that the focus of scientific activity wanders unceasingly. If, to the neglect of foreign research, we restrict our view to our immediate surroundings we disarm ourselves. Thus narrowing our field of knowledge and of comparison we soon reach a condition of self-conceit which endangers a quietism ending in ignorance, the fecund source of every degradation." These enlightened views have become so general in the profession that Lawson Tait's sweeping aspersion of German medical literature was received with mingled surprise and incredulity. Intelligent physicians everywhere who

have not had time and opportunity to familiarize themselves with the important foreign languages gladly avail themselves of translations. In these sentiments medical publishers are meeting the profession more than half way, as the artistic volumes before us bear witness. The Cyclopædia of Obstetrics and Gynæcology consists of twelve good sized volumes—four of which are devoted to obstetrics and eight to gynæcology. The former are a translation, with emendations by Dr. Egbert H. Grandin, of Charpentier's classical "*Traité Pratique des Accouchements*," which, in completeness, approaches more nearly the character of a cyclopædia than does any other recent obstetrical work with which we are acquainted. Charpentier's mastery of the English and German languages enabled him to produce a really cosmopolitan work. The national bias crops out here and there, but never offensively, and then even it is corrected by the excellent notes of Dr. Grandin. The bibliography of the original, which, perhaps without loss to the general reader, is omitted from the translation, bears witness to Charpentier's extensive knowledge of the medical literature of both hemispheres. The work is comprehensive without being diffuse and erudite, without loss of individuality. It is a book for study no less than reference, and being so profusely illustrated, and withal so cheap, it will make the name of its author as familiar in America as it so long and deservedly has been in France.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT OF THE U. S. ARMY (DIVISION OF THE PACIFIC), FROM OCT. 20 TO NOV. 20, 1887.

Captain Curtis E. Munn, Assistant Surgeon, relieved from duty at Fort Canby, Washington Territory, and ordered for duty as Post Surgeon at Fort Klamath, Oregon. S. O. No. 251, A. G. O. October 28, 1887.

In accordance with paragraph 8, S. O. No. 244, current series, Headquarters of the Army, A. G. O., Captain John J. Cochran, Assistant Surgeon, is relieved from duty at the Presidio of San Francisco, Cal., and will report in person to the Medical Director of the Division for temporary duty as his assistant, taking station in San Francisco. S. O. No. 69, Div. Pacific, October 27, 1887.

During the temporary absence of Surgeon Tilton from the Presidio of San Francisco, Captain William E. Hopkins, Assistant Surgeon, will, in addition to his present duties, attend the sick at the Presidio, with the assistance of Assistant Surgeon Henry I. Raymond. S. O. No. 87, Div. Pacific, October 31, 1887.

Captain Leonard Y. Loring, Assistant Surgeon, ordered for duty at Fort Mojave, A. T., upon the expiration of his present sick leave of absence. S. O. No. 258, A. G. O. November 5, 1887.

On the arrival of Captain Curtis E. Munn, Assistant Surgeon, at Fort Klamath, Oregon, Acting Assistant Surgeon M. M. Walker, U. S. Army, will be relieved from duty at that post, and will proceed to the Presidio of San Francisco. S. O. No. 76, Div. Pacific, November 18, 1887.

OFFICIAL LIST OF CHANGES AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE (DISTRICT OF THE PACIFIC) FROM OCT. 20 TO NOV. 20, 1887.

H. W. Sawtelle, Surgeon, detailed as Chairman of Board for the Physical Examination of Officers, U. S. Revenue Marine Service.

P. M. Carrington, Asst. Surgeon, relieved from duty on the U. S. Revenue Steamer "Rush," and ordered to U. S. Marine Hospital, San Francisco, detailed as Recorder of Board for Physical Examination of officers, Revenue Marine Service.

A. D. Bevan, P. A. Surgeon, relieved from duty at Portland, Or., and ordered to Marine Hospital, New York.

T. B. Perry, Asst. Surgeon, relieved from duty at Marine Hospital, San Francisco, ordered to assume charge of Service at Portland, Oregon.

Public Health.

Reports from Cities on the Pacific Coast of 10,000 inhabitants and upwards, for the Month of October, 1887.

CITIES.	Population.	Annual Rate per 1000 for the month.	Total Deaths.	Zymotic Diseases.	Constitutional Diseases.	Local Diseases.	Developmental Diseases.	Violent Deaths.	Natural Causes.	Unclassified.
Los Angeles.....	60,000	7.50	45	4	9	9	5	....	....	18
Oakland.....	50,000	13.68	57	16	6	27	3	5	....	....
Sacramento	30,000	16.00	40	10	3	17	2	3	....	5
San Diego.....	26,000	11.5	26	3	8	....	2	....	....	10
San Francisco.....	300,000	16.20	486	107	92	215	38	19	....	15
San Jose.....	20,000	13.50	27	7	4	11	4	1	....	....
Stockton	15,000	11.30	17	1	6	5	3	2	....	....

Meteorological Summary for the Month of October, 1887.

STATIONS.	TEMPERATURE.				RAINFALL.			WEATHER.			WIND.	FURNISHED BY.
	Highest.	Lowest.	Mean.	Mean daily Range.	No. days Rain fell	Total Rainfall.	Mean relative humidity.	No. of Days			Prevail- ing direction	
								Clear.	Fair.	Cl'dy.		
Auburn,	94	48	67.1	—	—	.00	—	—	—	—	E.	South. Pac. Co.
Colfax,	98	48	65.9	—	—	.00	—	—	—	—	N.	" "
Eureka,	—	—	—	—	—	—	—	—	—	—	—	
Los Angeles,	93.2	47.2	68.5	26.4	1	.17	72.7	24	6	1	W.	Sig. Ser. U.S.A.
Monterey,	90	48	61.4	—	—	.00	—	—	—	—	S. E.	South. Pac. Co.
Oakland,	89	46	60.98	17.45	0	.00	82.3	24	3	4	SW. W	J. E. Trembley.
Paso Robles,	92	34	61.7	—	—	.21	—	—	—	—	S.	South. Pac. Co.
Red Bluff,	96.0	47.3	71.1	26.5	00	.00	26.9	23	8	0	N.	Sig. Ser. U.S.A.
Sacramento,	92.0	42.0	66.5	29.6	0	.00	46.0	28	3	0	N. W.	" "
San Diego,	85.0	49.8	64.5	14.2	0	T	72.3	12	15	4	N. W.	
San Francisco,	87.0	49.2	62.9	19.2	3	*	65.0	21	8	2	W.	Sig. Ser. U.S.A.
Santa Barbara,	91.8	48.5	65	22.7	2	*	—	24	3	3	W.	Hugh D. Vail.
Santa Cruz,	90	41	64.4	—	—	.42	—	—	—	—	N. E.	South. Pac. Co.

Dash (—) indicates data missing.

Clear Day—One on which cloudiness is 3 or less on a scale of 10.

Fair Day—One on which cloudiness is from 3 to 7.

Cloudy Day—One on which cloudiness is over 7.

T trace of rain.

* Inappreciable.

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